



Oral Health U.S., 2002

Produced by

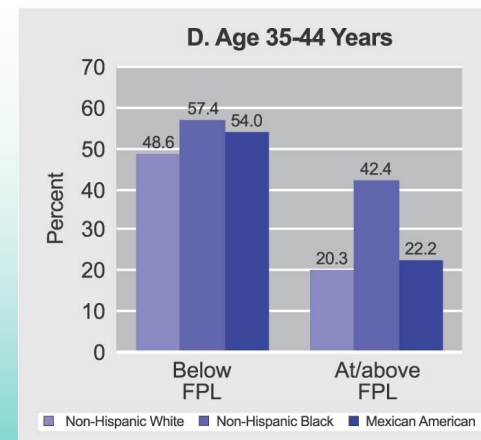
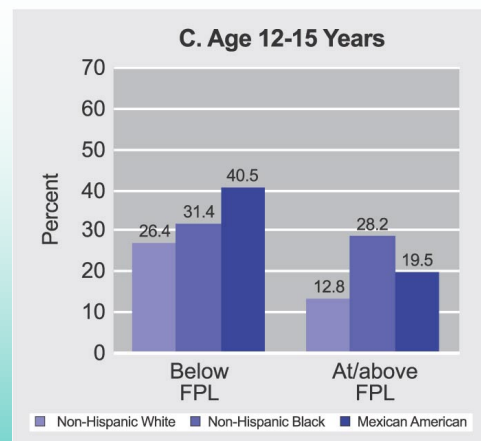
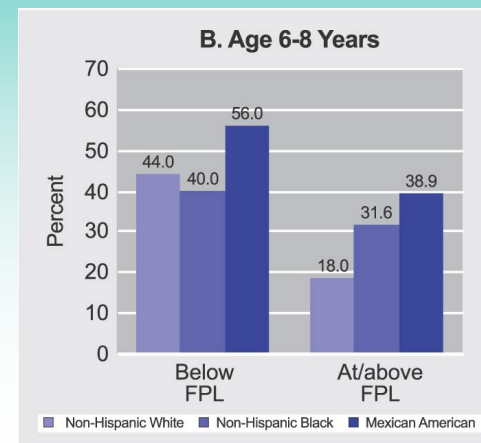
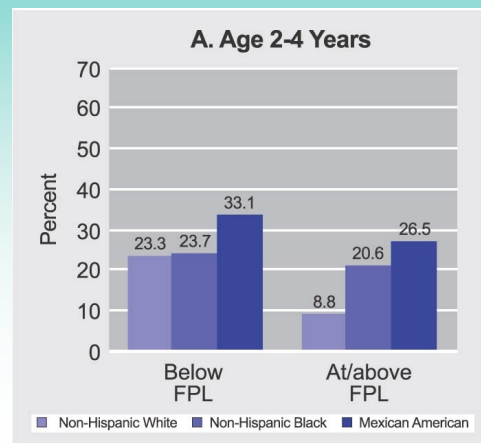
The Dental, Oral and Craniofacial Data Resource Center
of
The National Institute of Dental and Craniofacial Research
The National Institutes of Health
and
Division of Oral Health
National Center for Chronic Disease Prevention and Health Promotion
The Centers for Disease Control and Prevention

Untreated caries prevalence by gender and age group



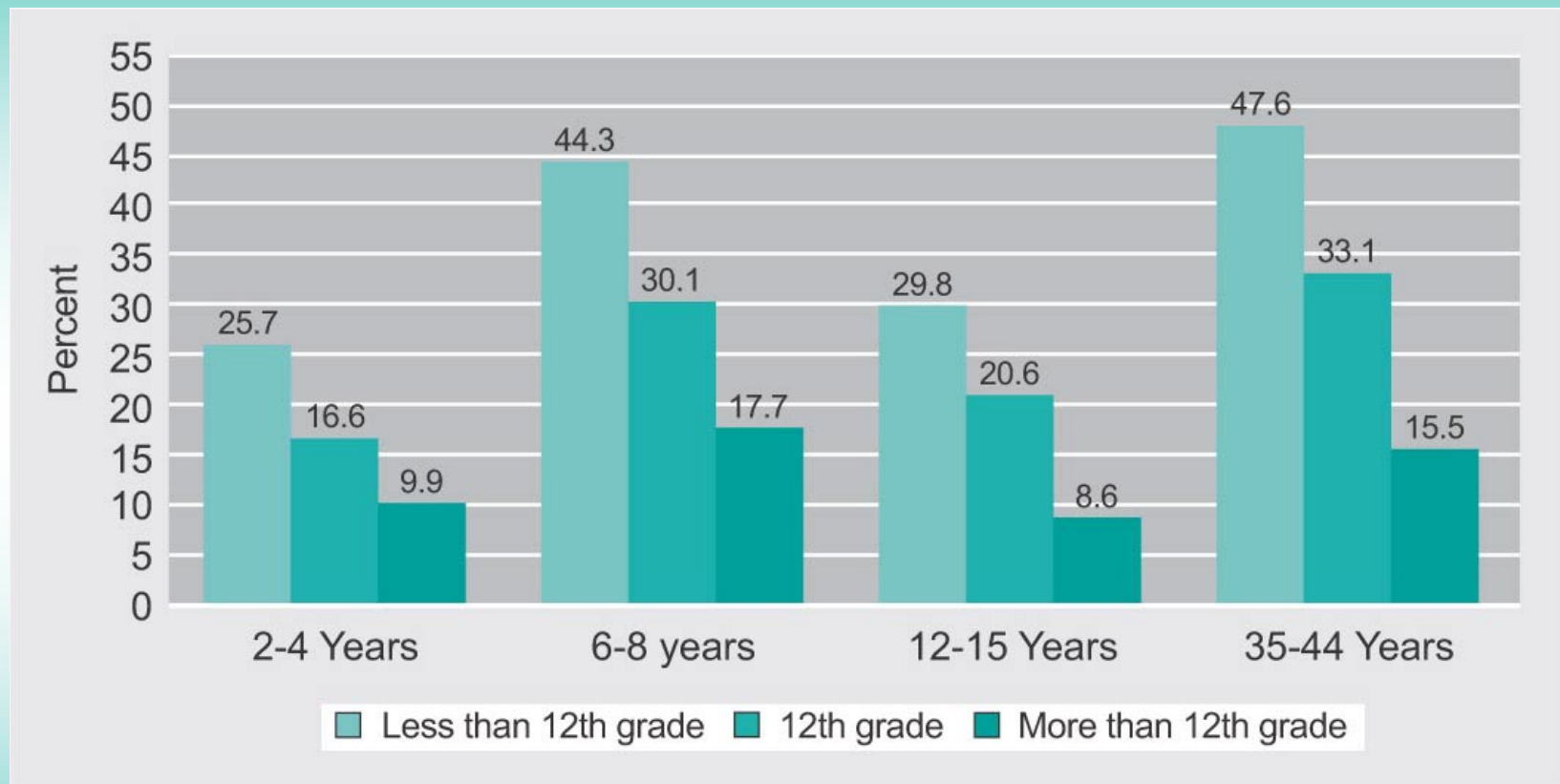
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Untreated caries prevalence by federal poverty level (FPL) and race/ethnicity by age group



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

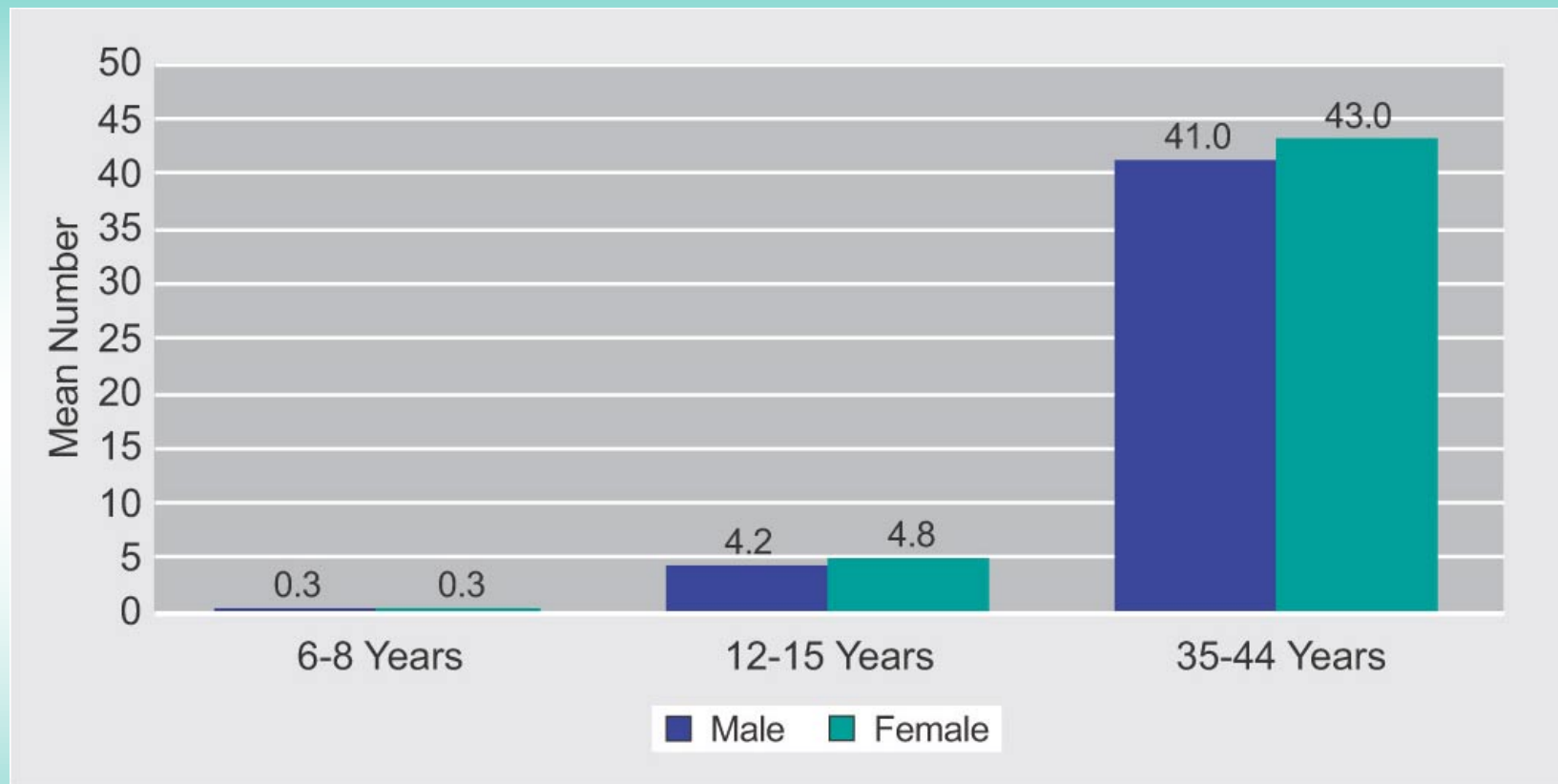
Untreated caries prevalence by education* and age group



*For children and adolescents education represents the educational attainment of the head of household. For adults education represents the educational attainment of the individual.

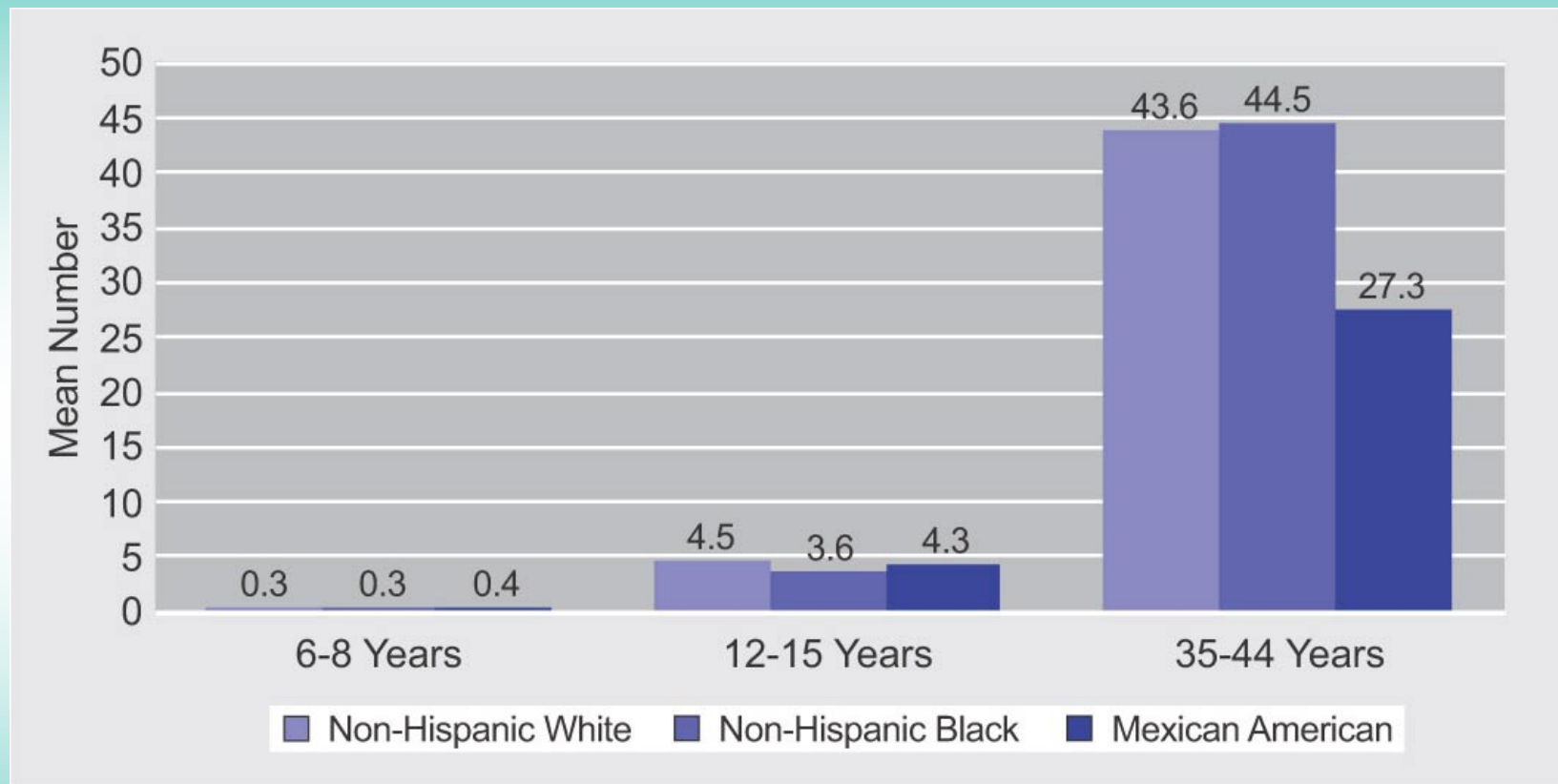
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Decayed, missing, and filled surfaces in permanent teeth (DMFS) by age group (ages 6-8, 12-15, and 35-44 years) and gender



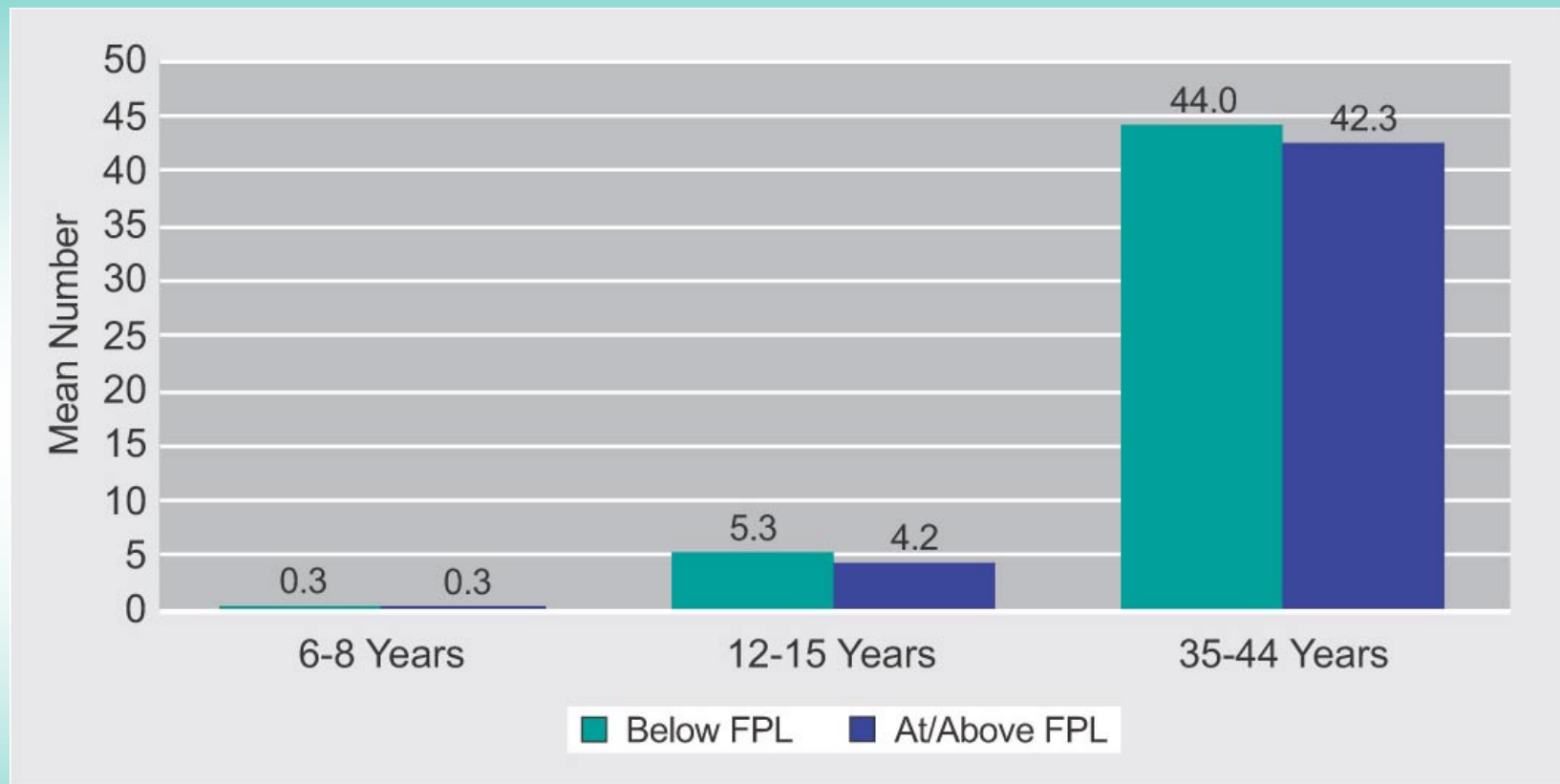
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Decayed, missing, and filled surfaces in permanent teeth (DMFS) by age group (ages 6-8, 12-15, and 35-44 years) and race/ethnicity



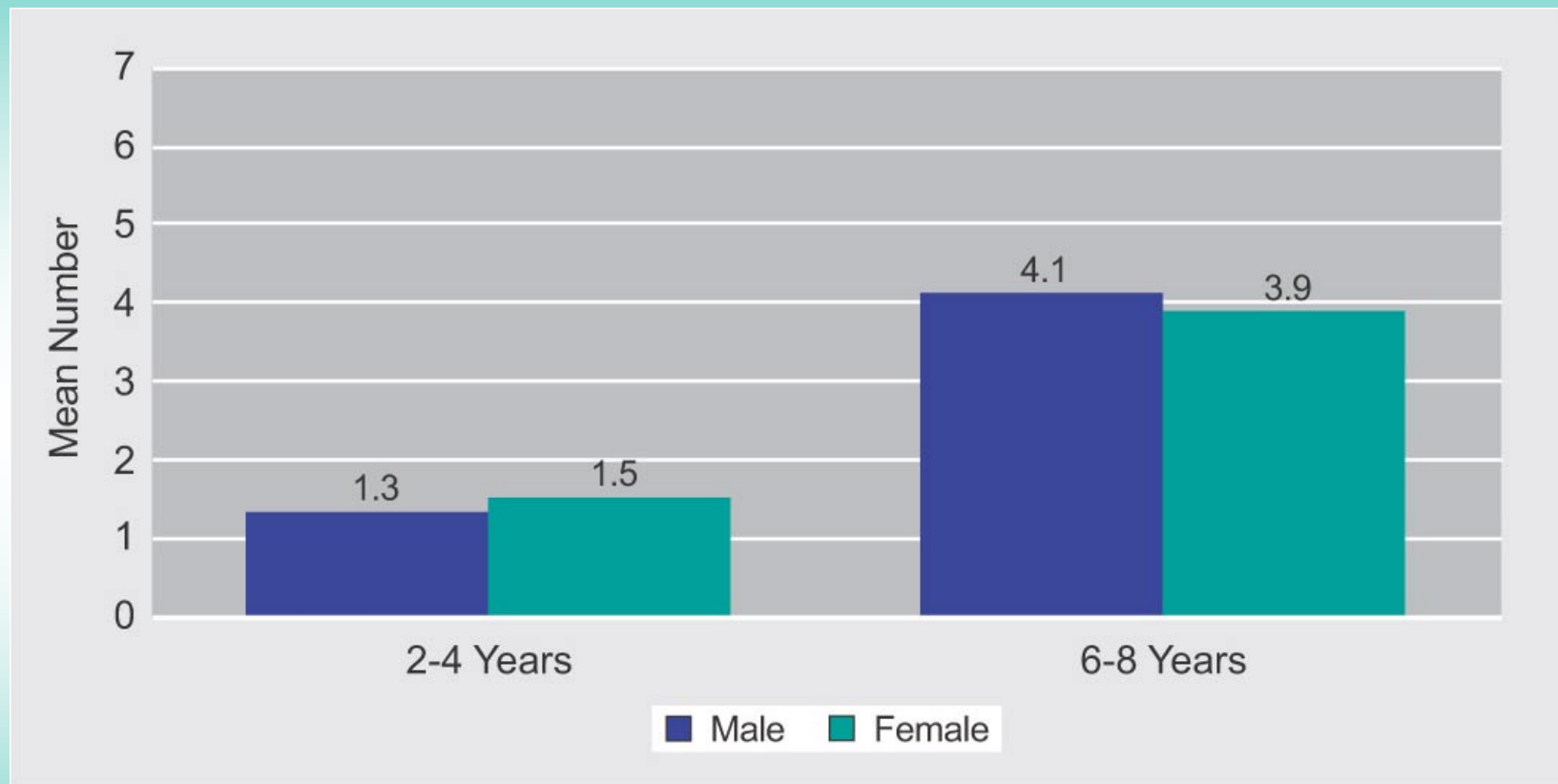
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Decayed, missing, and filled surfaces in permanent teeth (DMFS) by age group (ages 6-8, 12-15, and 35-44 years) and federal poverty level (FPL)



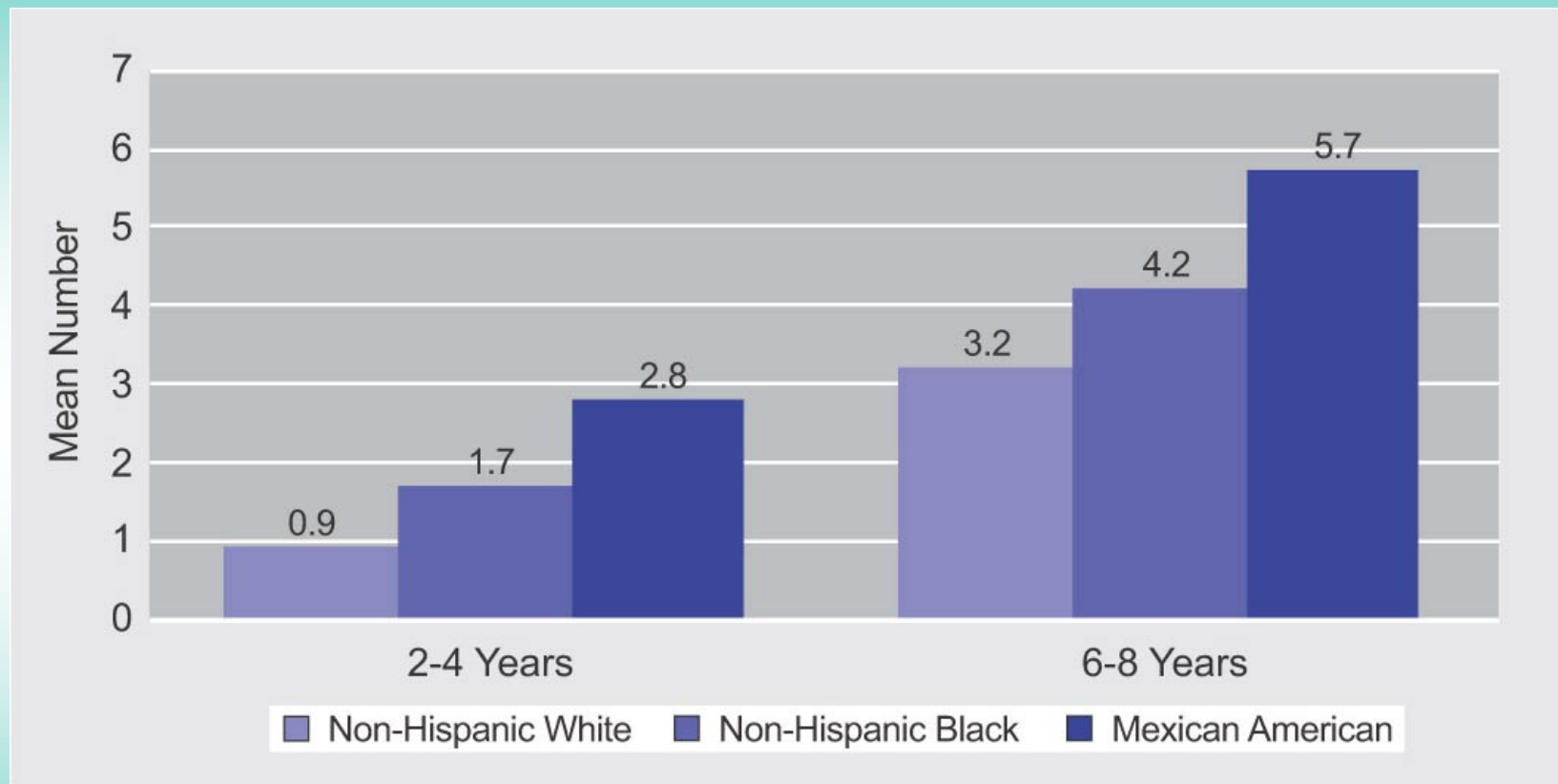
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Decayed and filled surfaces in primary teeth (dfs) by age group (ages 2-4 and 6-8 years) and gender



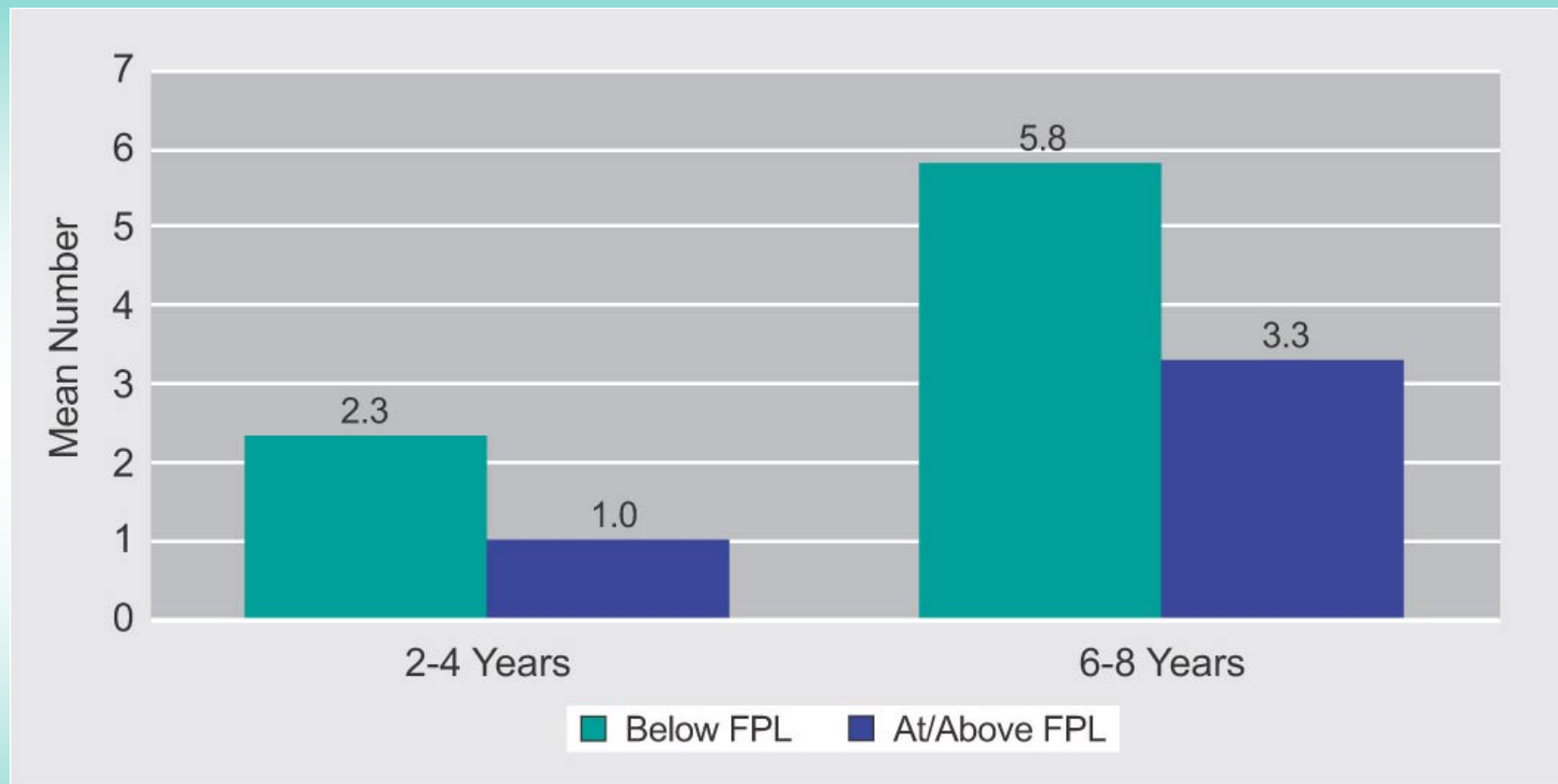
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Decayed and filled surfaces in primary teeth (dfs) by age group (ages 2-4 and 6-8 years) and race/ethnicity



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

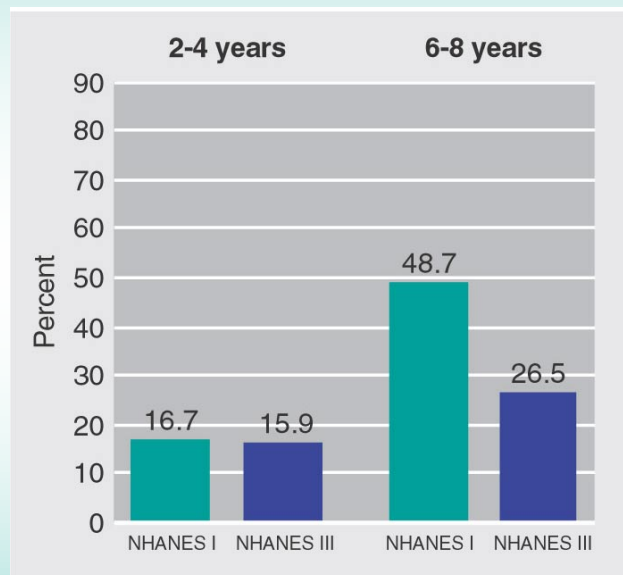
Decayed and filled surfaces in primary teeth (dfs) by age group (ages 2-4 and 6-8 years) and federal poverty level (FPL)



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

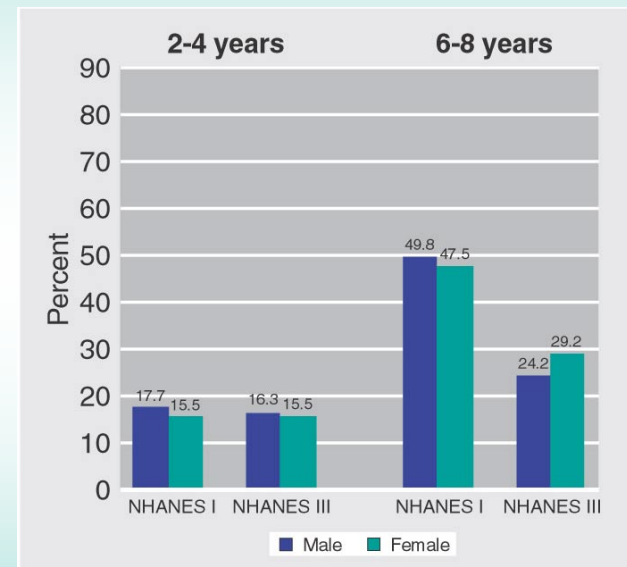
Trends in primary dentition untreated dental caries prevalence

**Trends in primary dentition
untreated dental caries
prevalence by age group**



1.3.1A

**Trends in primary dentition
untreated dental caries prevalence
by age group and gender**

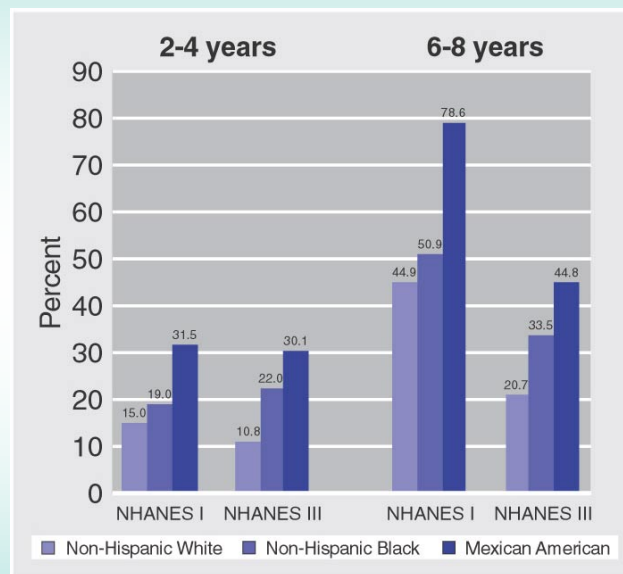


1.3.1B

Data sources: The First National Health and Nutrition Examination Survey (NHANES I) 1971-1975, and the Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Trends in primary dentition untreated dental caries prevalence

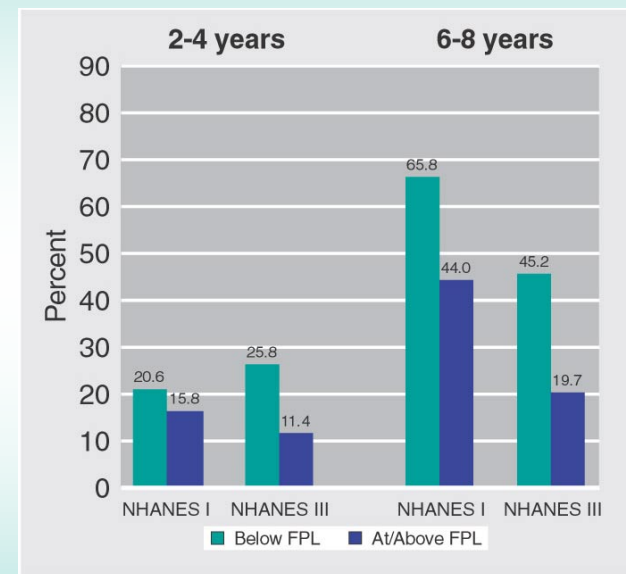
Trends in primary dentition untreated dental caries prevalence by age group and race/ethnicity



1.3.1C

Note: Race/ethnicity in NHANES I was coded to be comparable to NHANES III.

Trends in primary dentition untreated dental caries prevalence by age group and federal poverty level (FPL)

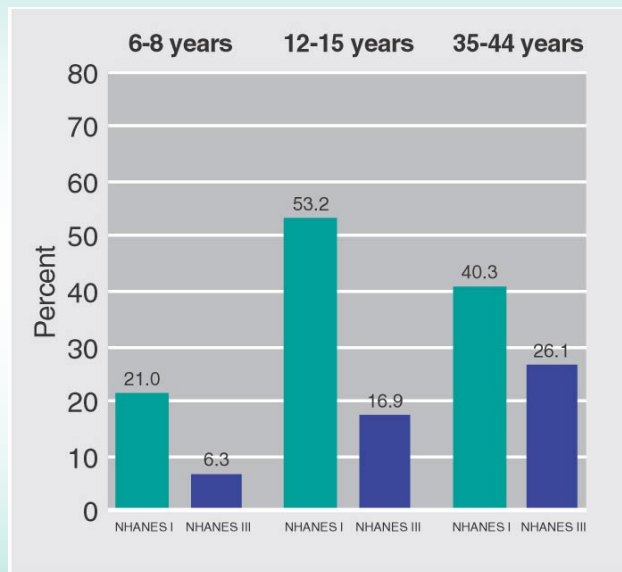


1.3.1D

Data sources: The First National Health and Nutrition Examination Survey (NHANES I) 1971-1975, and the Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

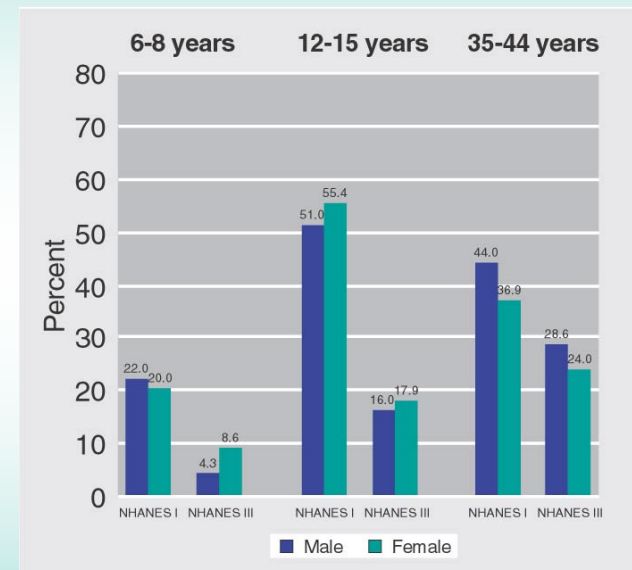
Trends in permanent dentition untreated dental caries prevalence

Trends in permanent dentition untreated dental caries prevalence by age group



1.3.2A

Trends in permanent dentition untreated dental caries prevalence by age group and gender

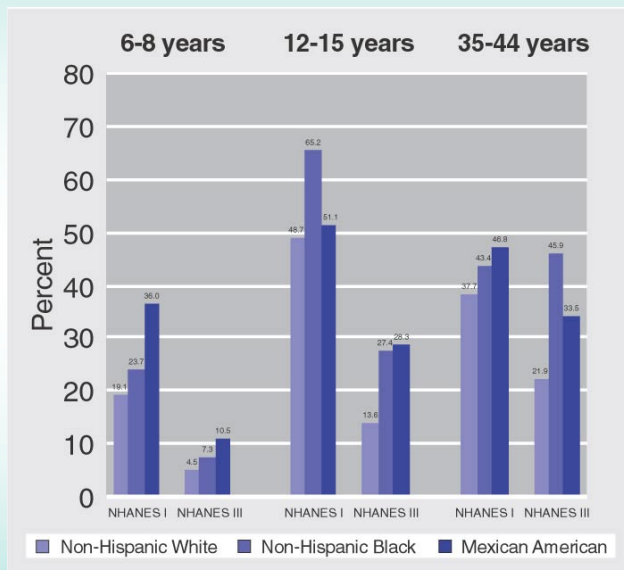


1.3.2B

Data sources: The First National Health and Nutrition Examination Survey (NHANES I) 1971-1975, and the Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

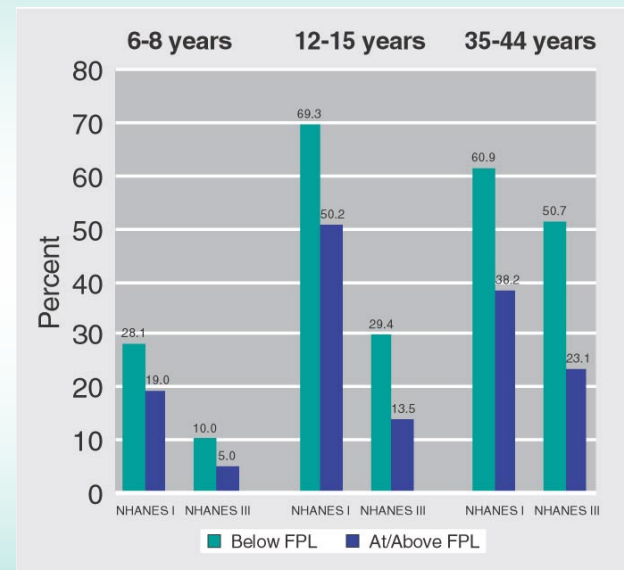
Trends in permanent dentition untreated dental caries prevalence

Trends in permanent dentition untreated dental caries prevalence by age group and race/ethnicity



1.3.2C

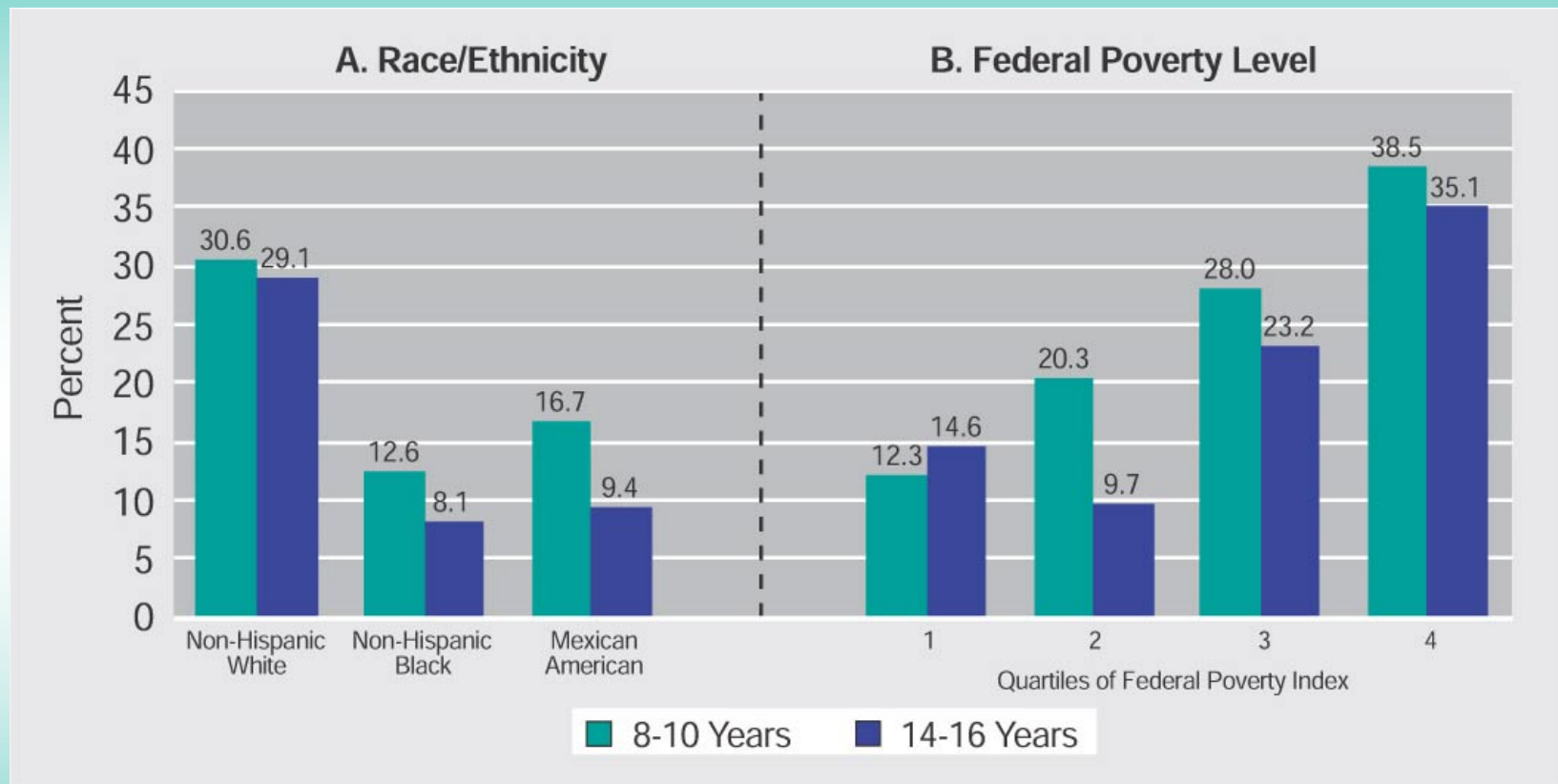
Trends in permanent dentition untreated dental caries prevalence by age group and federal poverty level (FPL)



1.3.2D

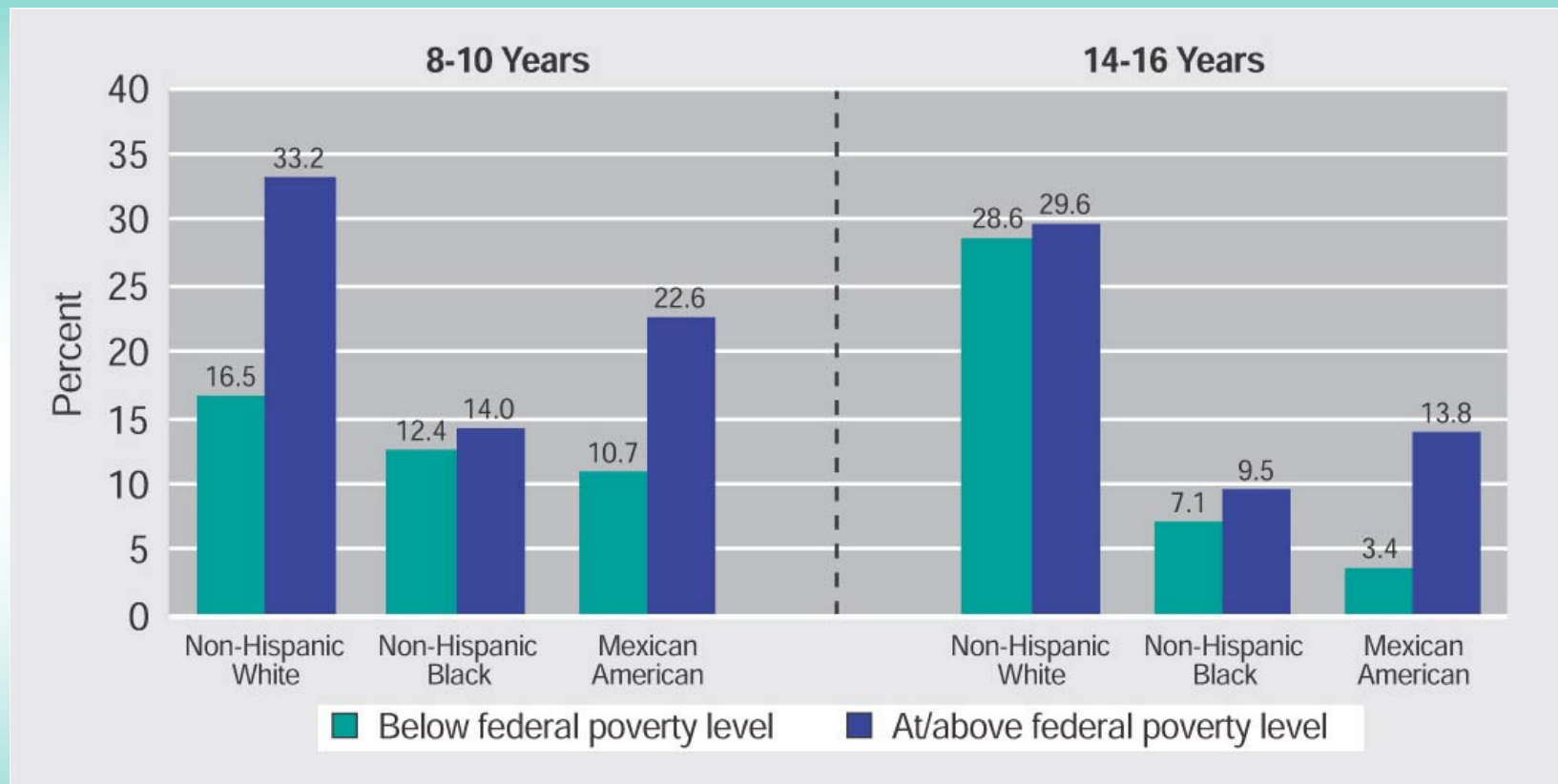
Data sources: The First National Health and Nutrition Examination Survey (NHANES I) 1971-1975, and the Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of children with dental sealants on 1st or 2nd molars by age group, race/ethnicity, and federal poverty level (FPL)



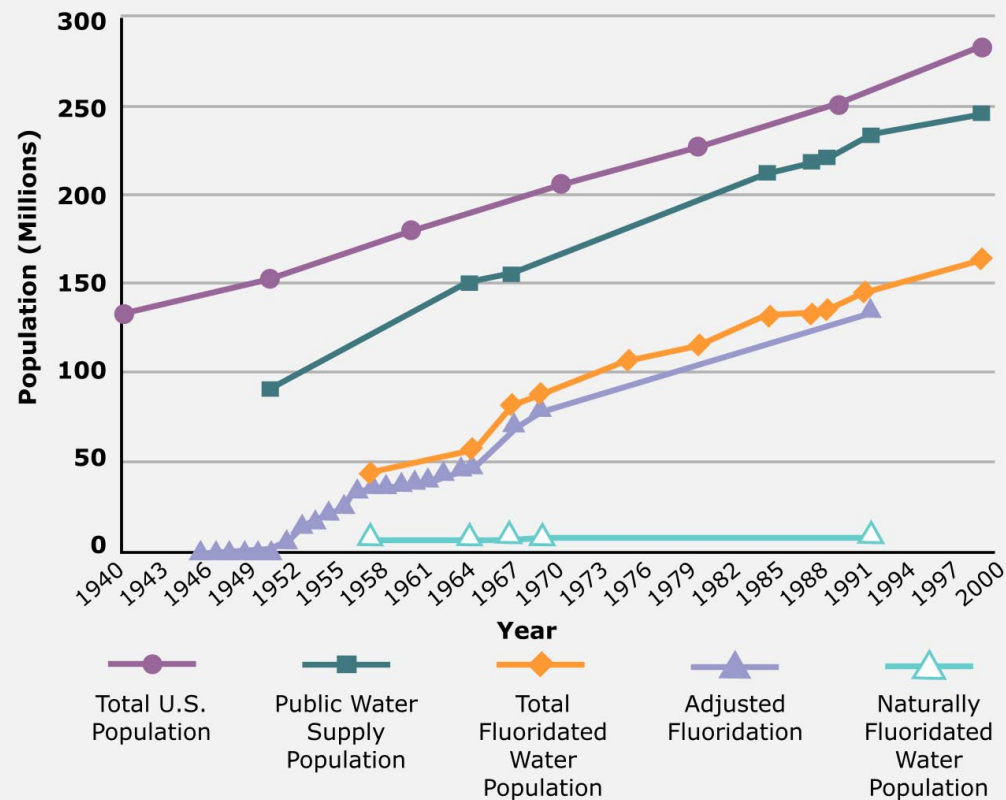
Note: The quartiles represented here are as follows: 1:0-0.838, 2:0.839-1.648, 3:1.649-2.912, and 4:2.913-11.889. Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of children with dental sealants on 1st or 2nd molars by age group, race/ethnicity, and federal poverty level (FPL)



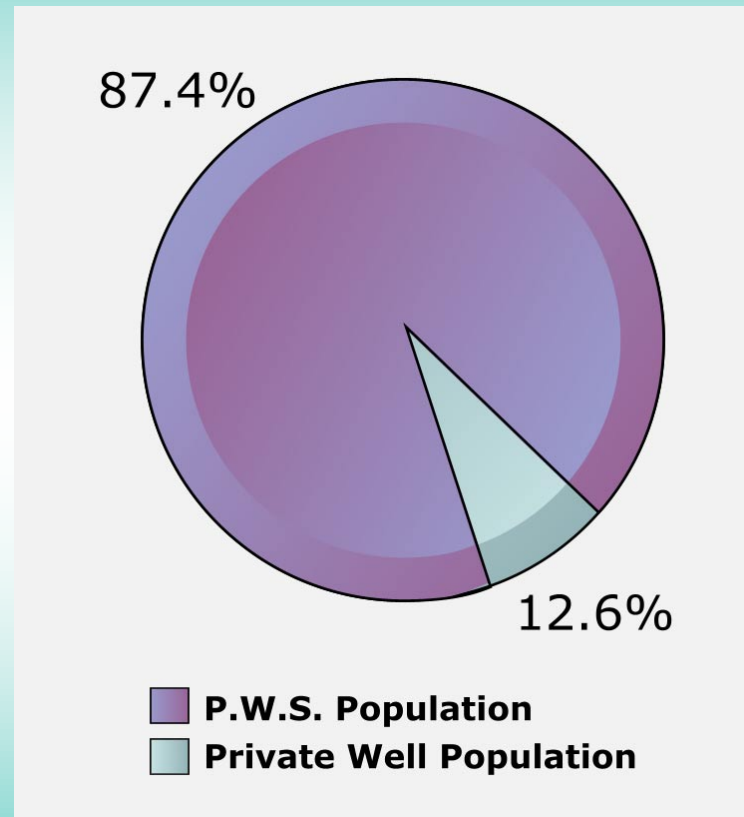
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Fluoridation growth by population in the United States



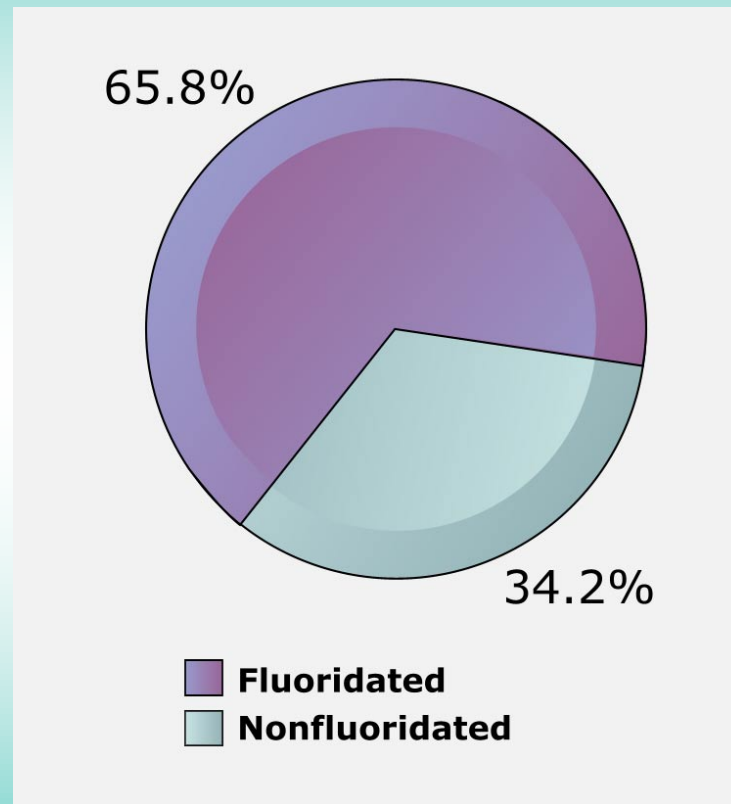
Source: 2000 Water Fluoridation Reporting System, Centers for Disease Control and Prevention (<http://www.cdc.gov/nohss/fsgrowth.htm>).

Percentage of U.S. population on public water systems



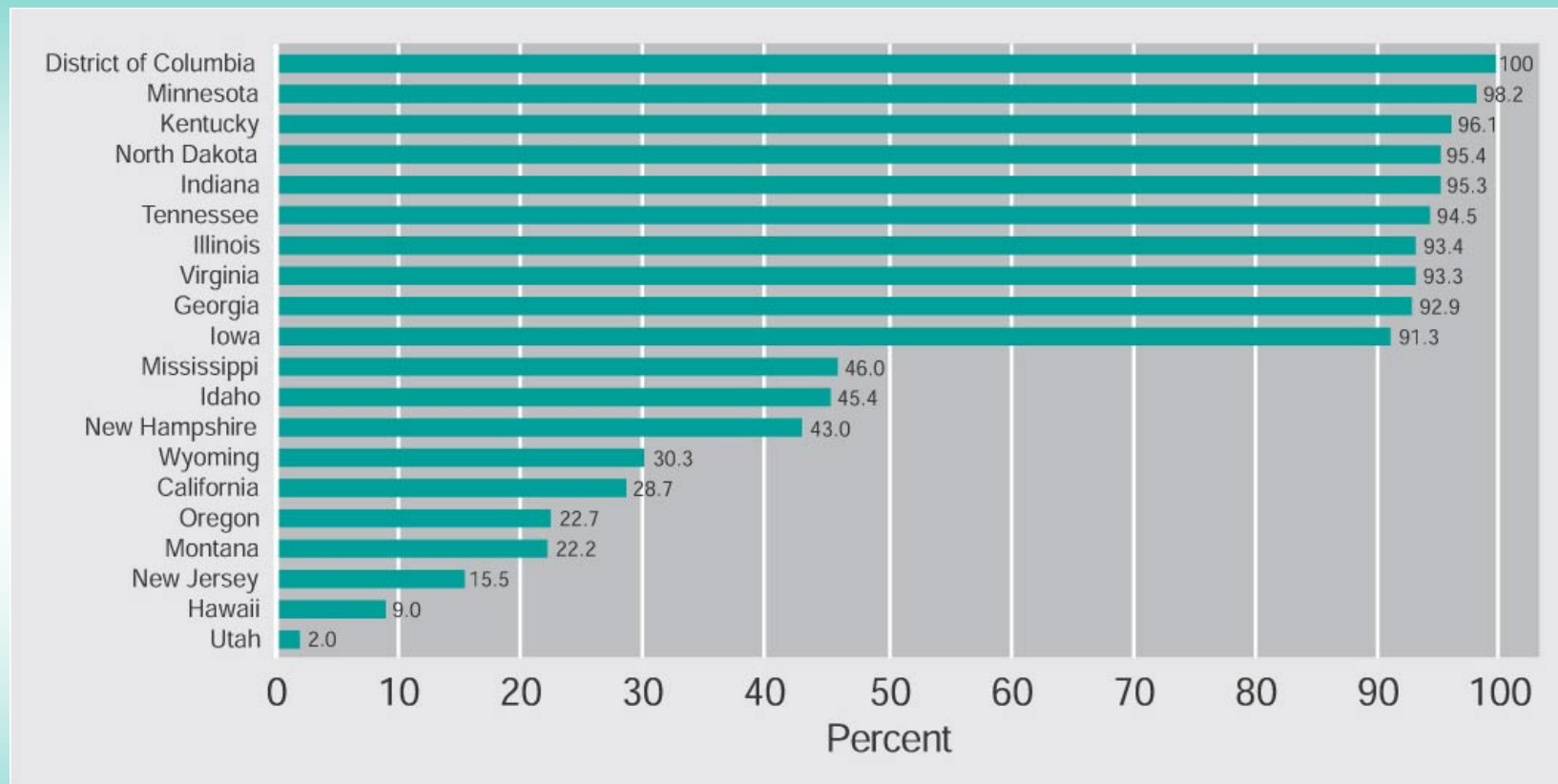
Source: 2000 Water Fluoridation Reporting System, Centers for Disease Control and Prevention (<http://www.cdc.gov/nohss/fssupplystats.htm>).

Percentage of U.S. population on public water systems receiving fluoridated water



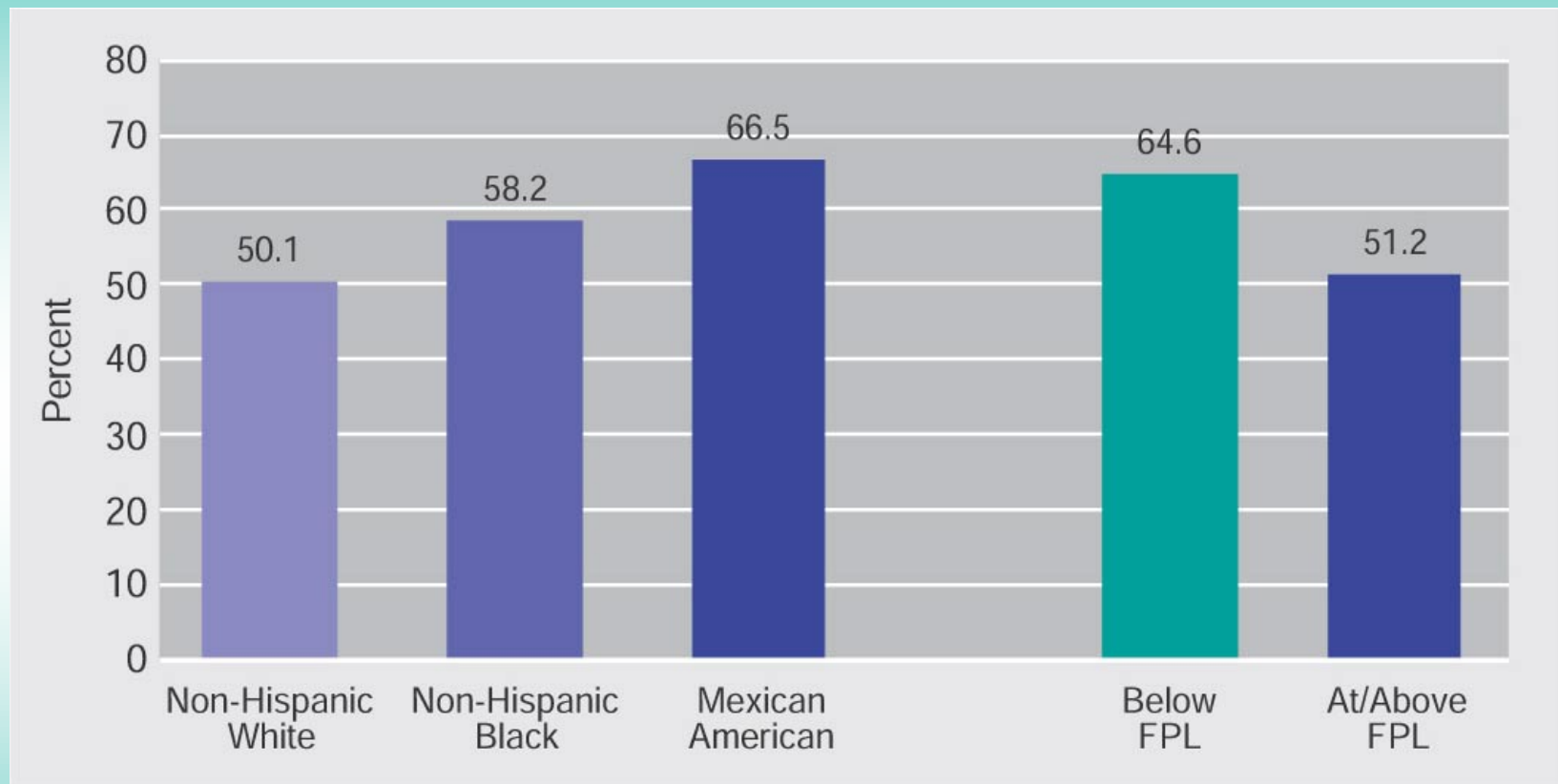
Source: 2000 Water Fluoridation Reporting System, Centers for Disease Control and Prevention (<http://www.cdc.gov/nohss/fssupplystats.htm>).

Percentage of population receiving fluoridated water through public water systems—10 highest and 10 lowest states, 2000



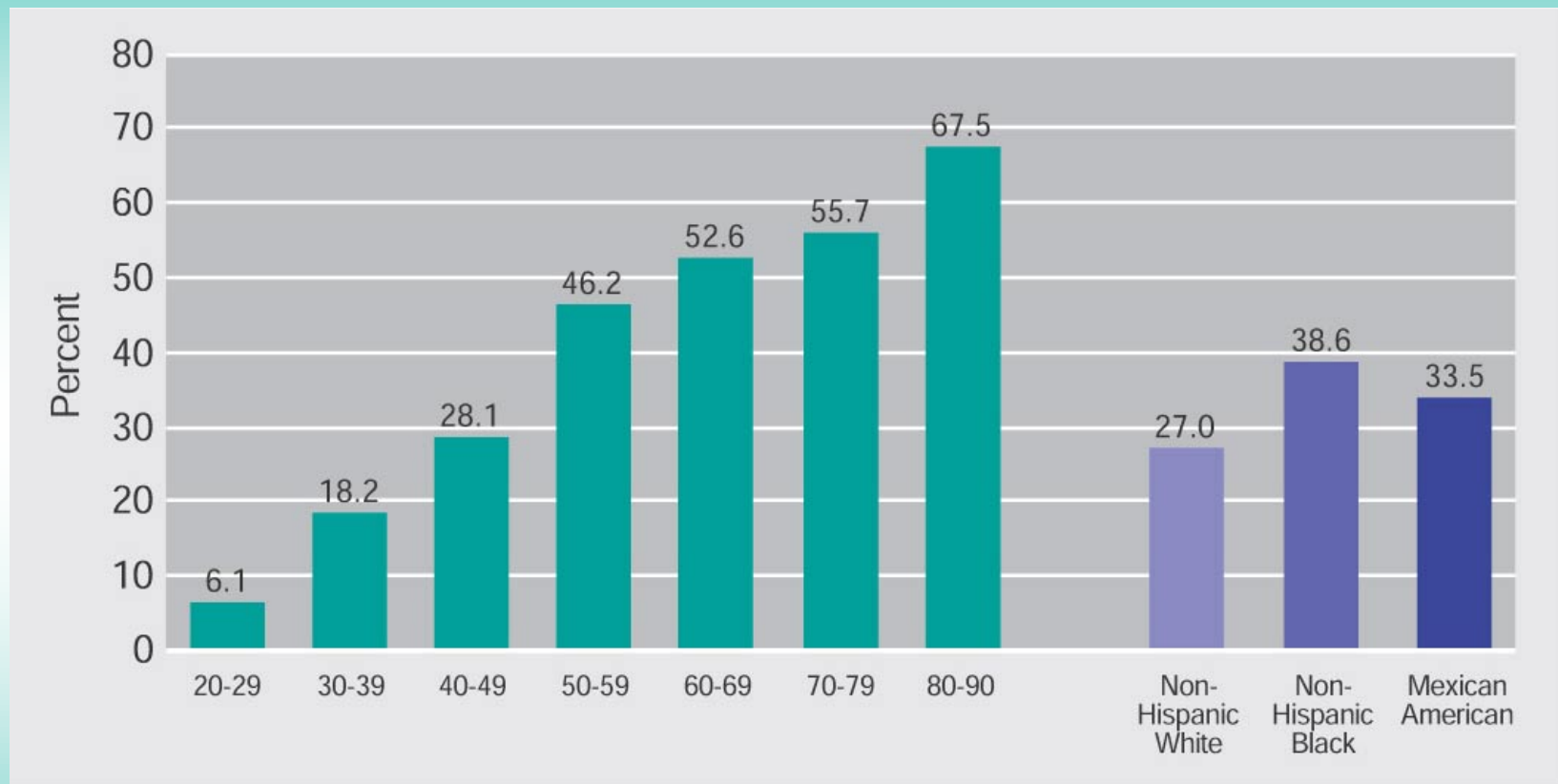
Source: Centers for Disease Control and Prevention. Populations receiving optimally fluoridated public drinking water—United States, 2000. MMWR 2002;51:144-7. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5107a2.htm>)

Prevalence of gingival bleeding among adults aged 20 and older by selected demographic characteristics



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

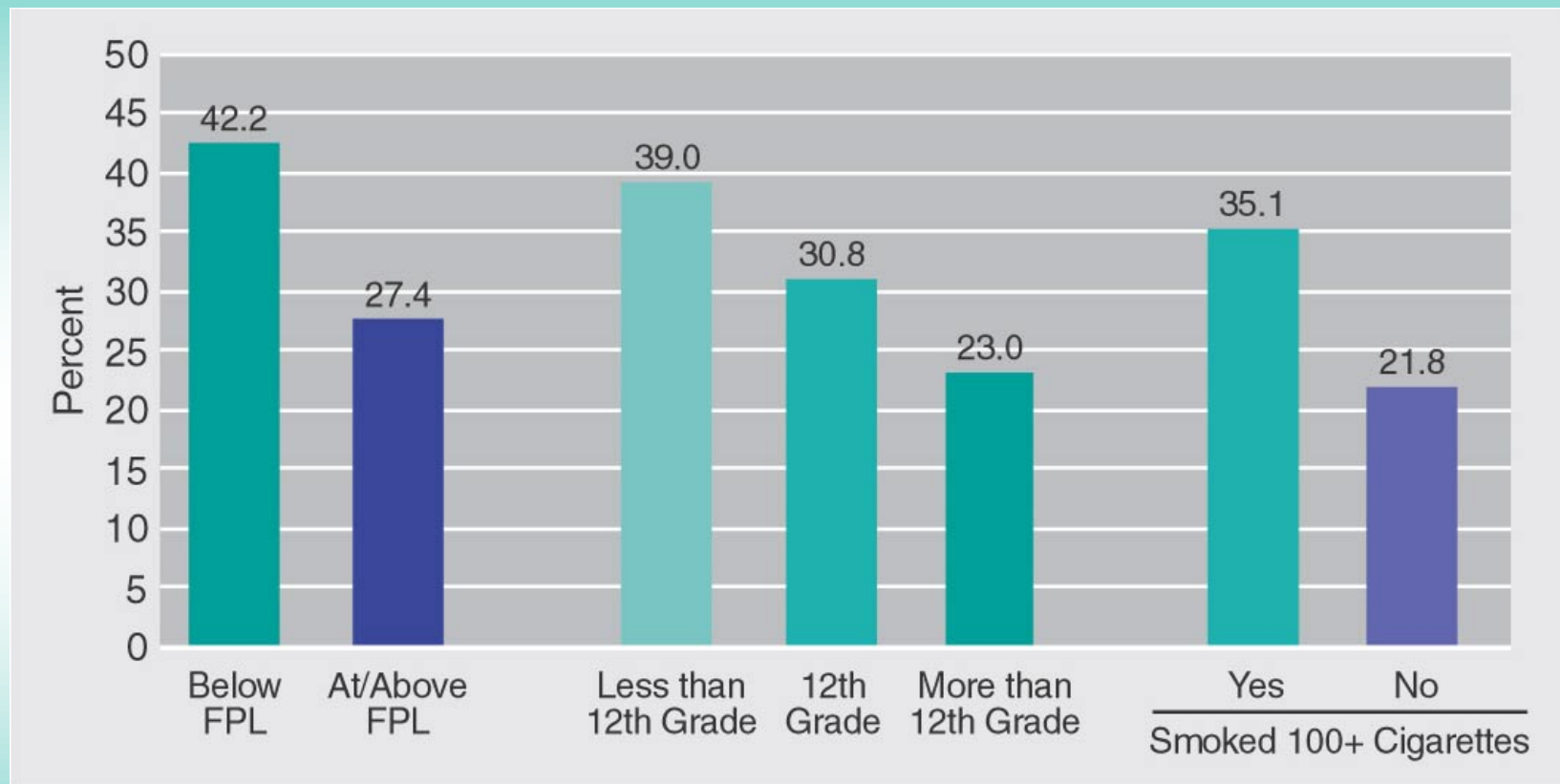
Prevalence of loss of attachment of 4 mm or more among adults aged 20 and older by age and race/ethnicity*



* Age standardized to the year 2000 U.S. population.

Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

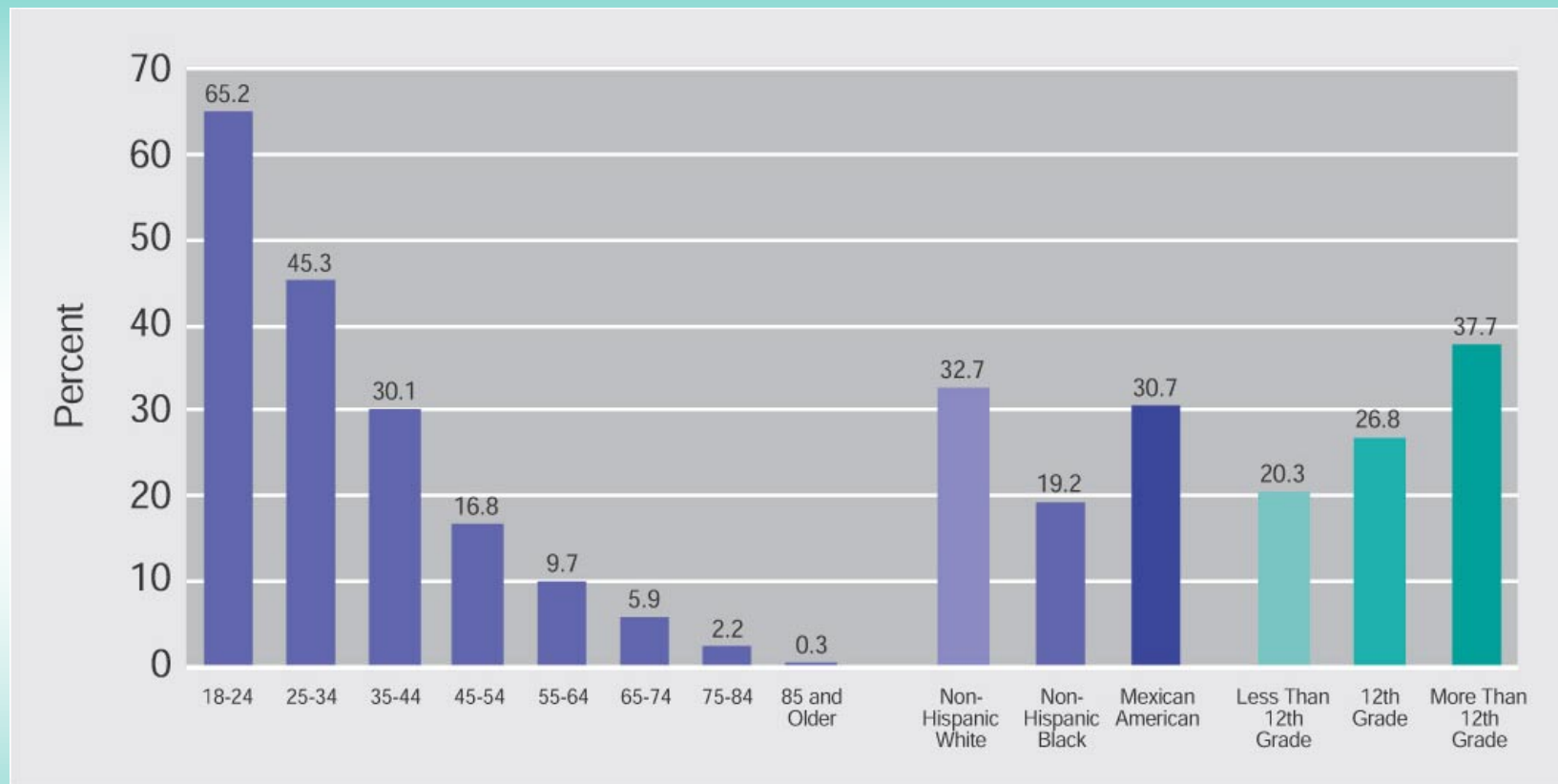
Prevalence of loss of attachment of 4 mm or more among adults aged 20 and older by selected characteristics*



* Age standardized to the year 2000 U.S. population.

Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

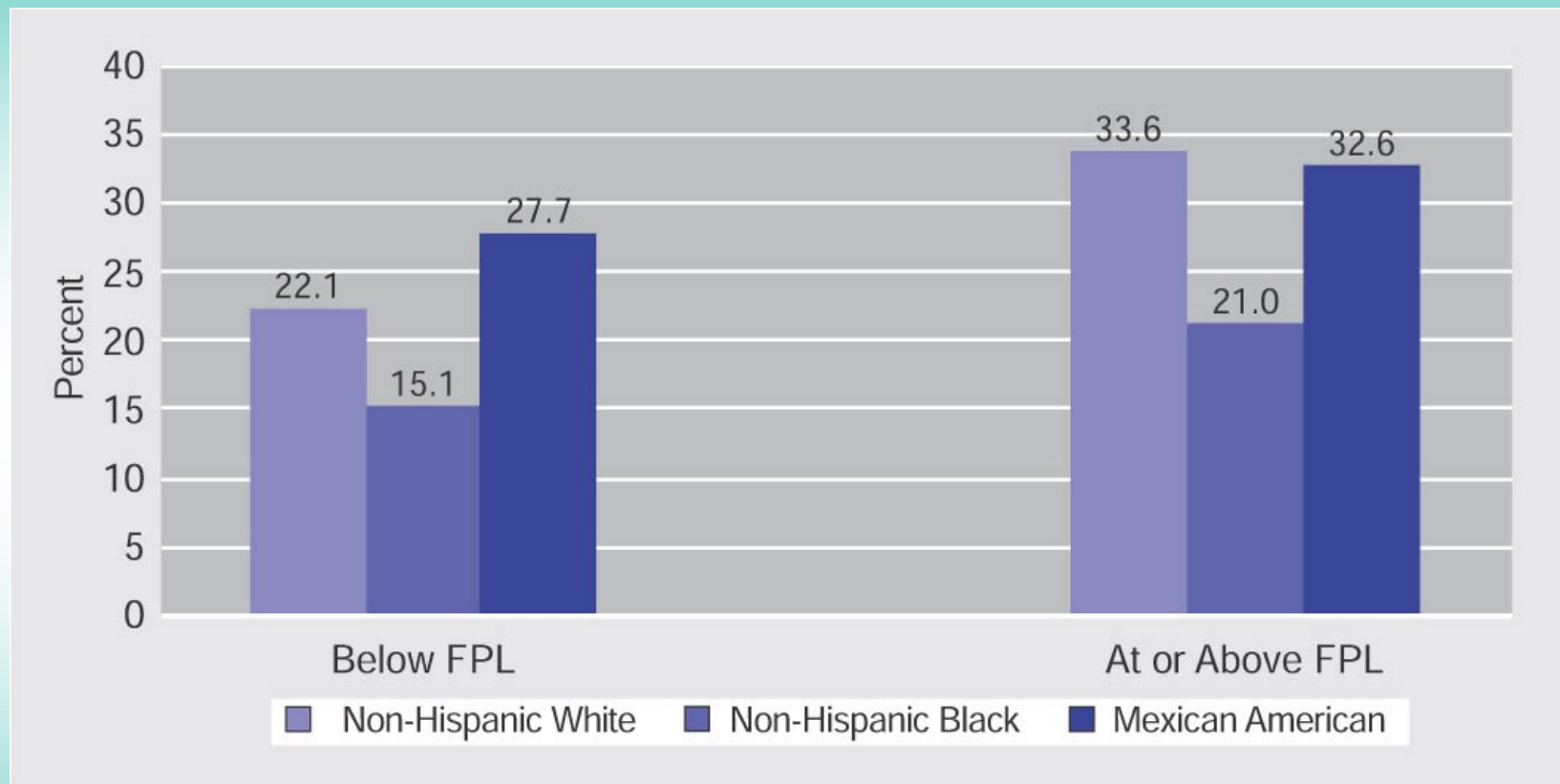
Percentage of adults aged 18 and older with full dentition by demographic variables*



* Age standardized to the year 2000 U.S. population except for age groups.

Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

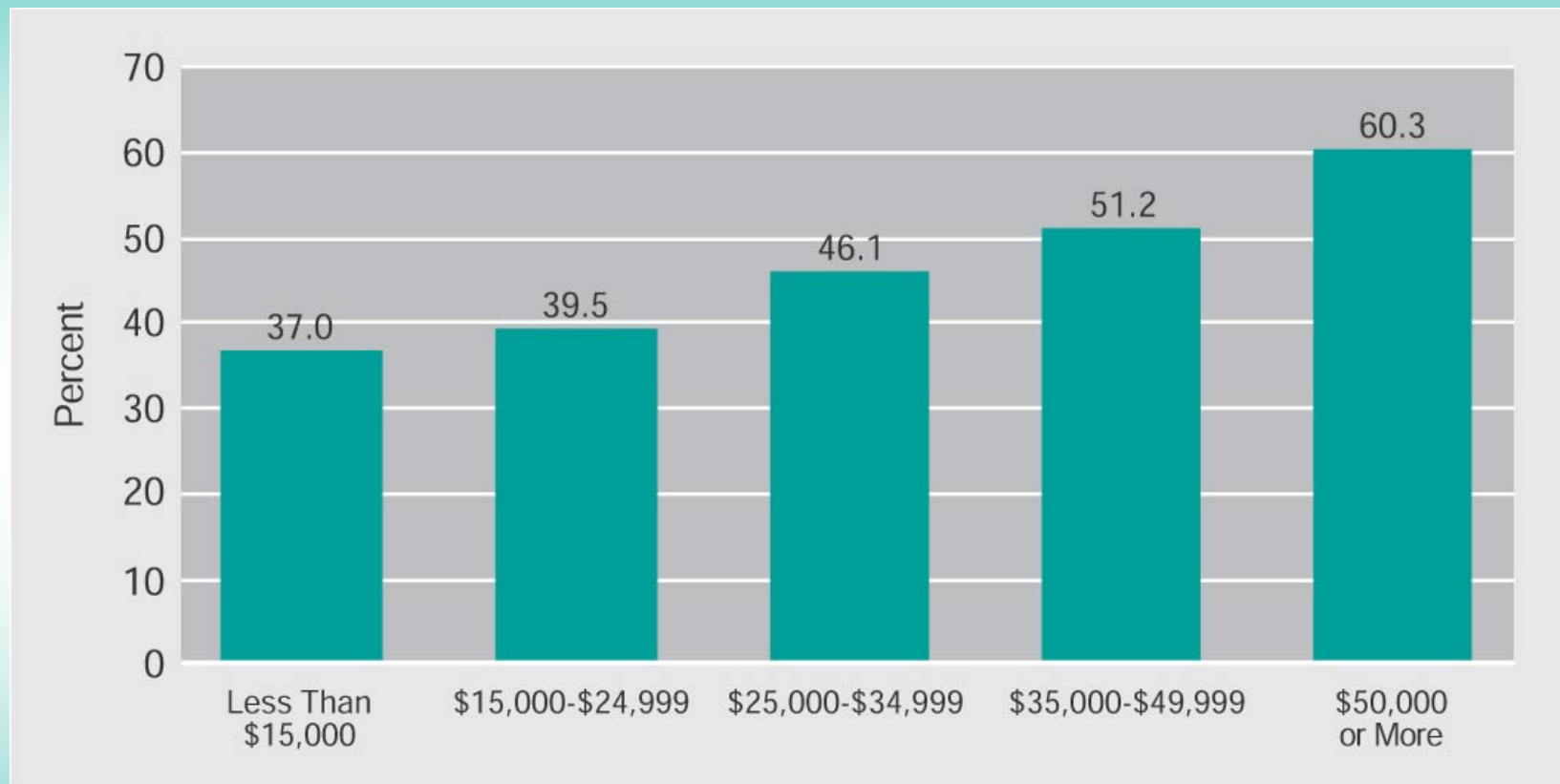
Percentage of adults aged 18 and older with full dentition by race/ethnicity and federal poverty level (FPL)*



* Age standardized to the year 2000 U.S. population.

Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

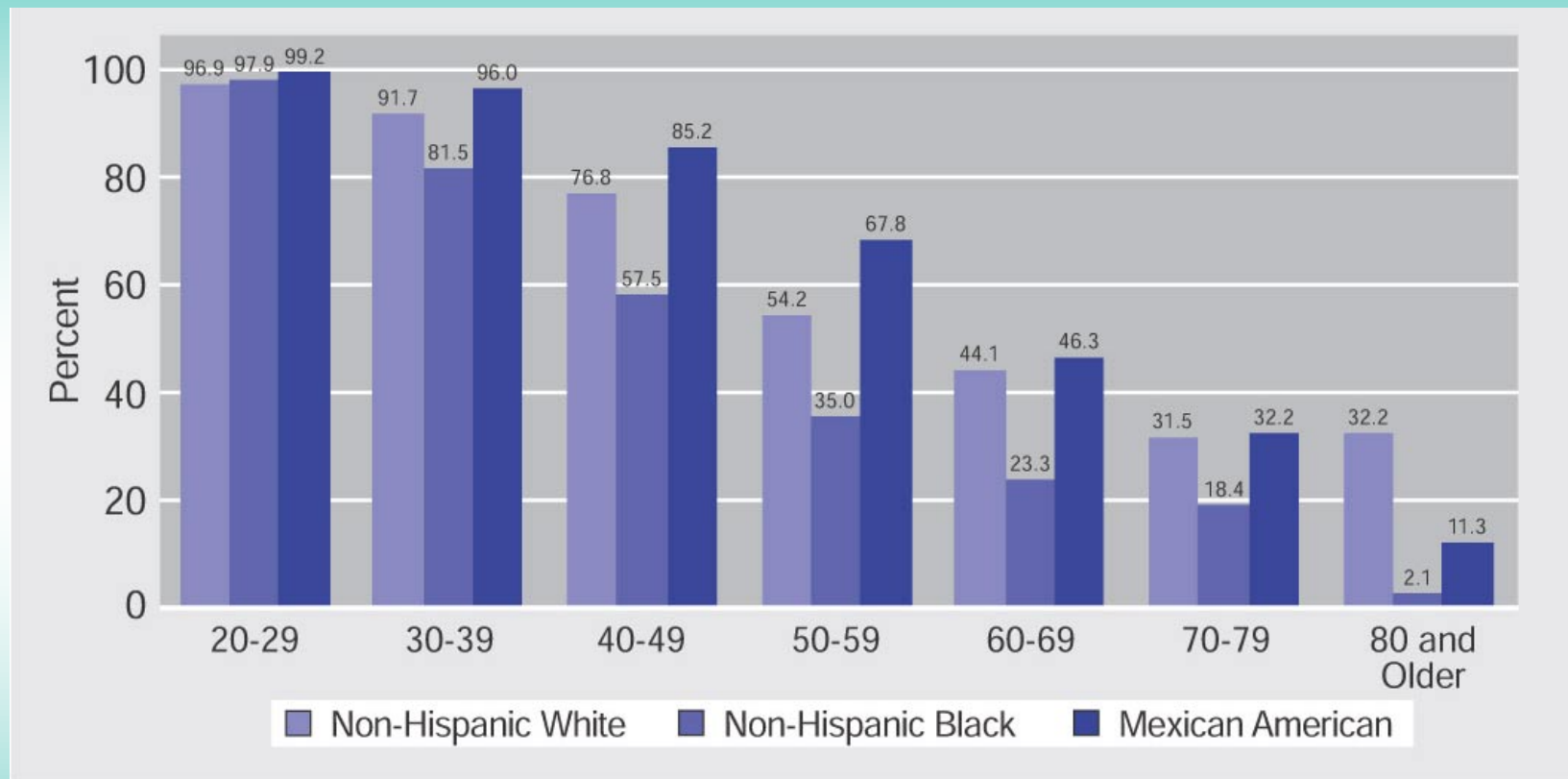
Percentage of adults aged 18 and older with full dentition by annual family income*



* Age standardized to the year 2000 U.S. population.

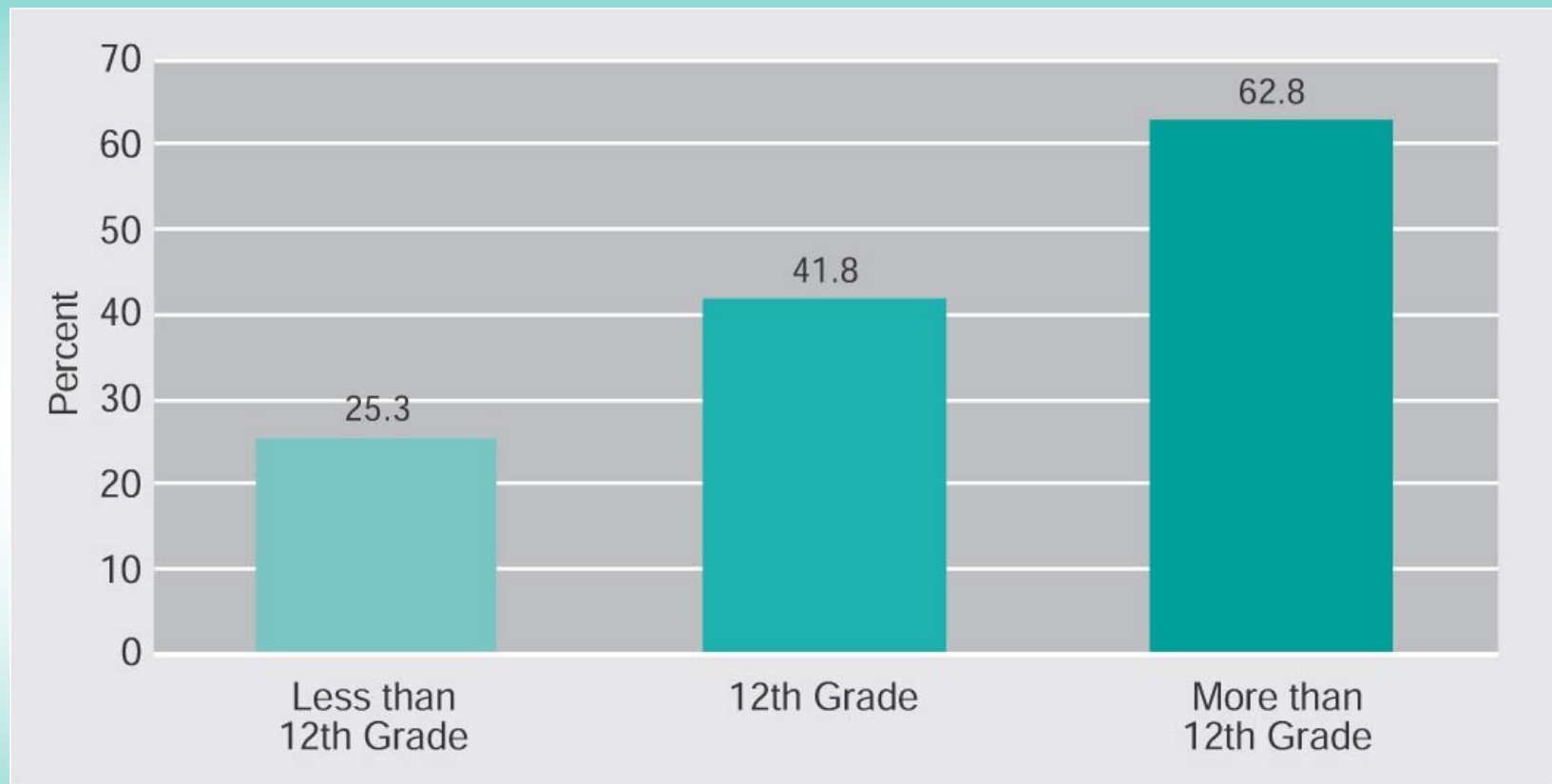
Data source: 1999 Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention.

Percentage of adults aged 20 and older with 21 or more teeth by age and race/ethnicity



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

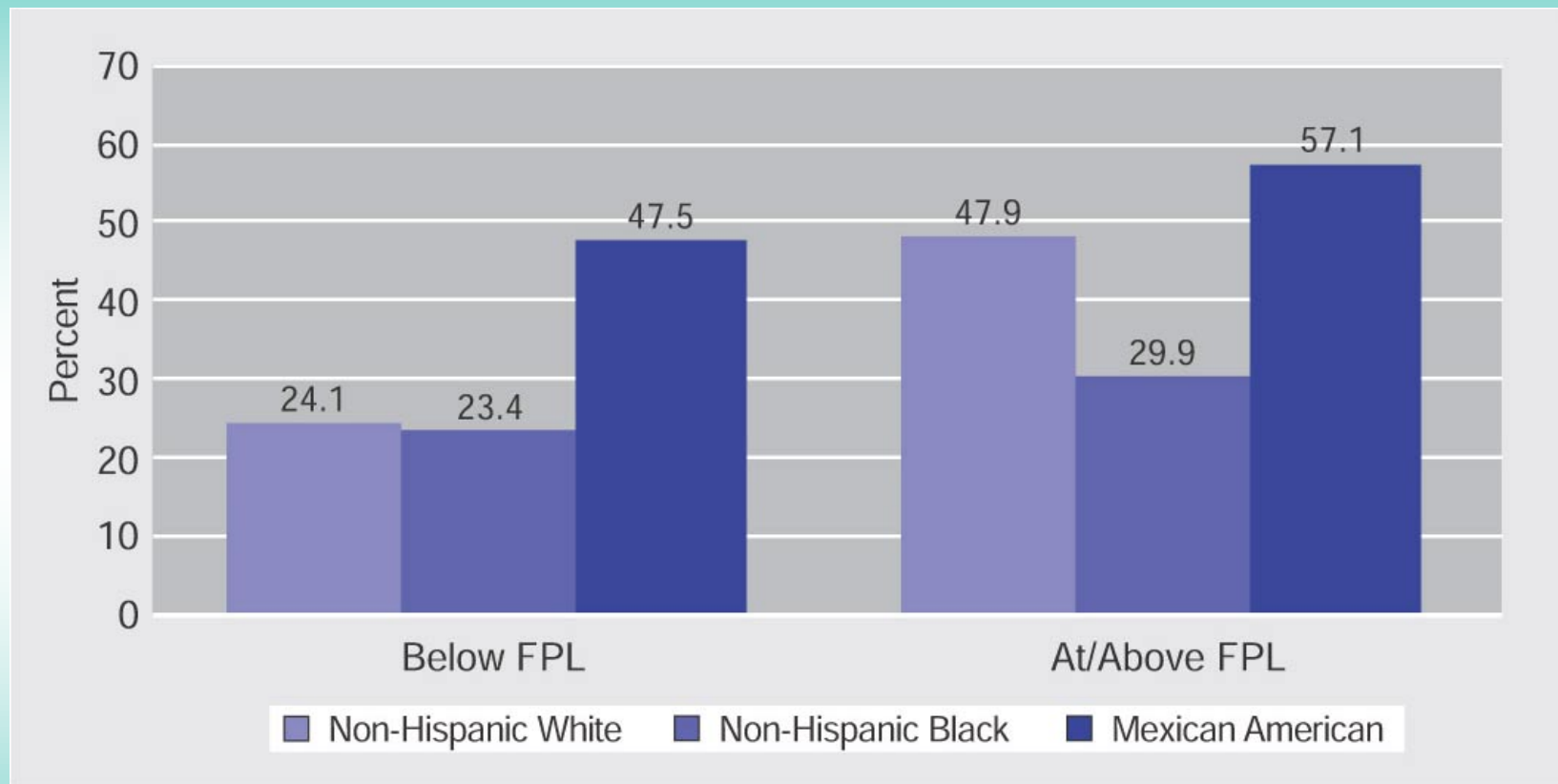
Percentage of adults aged 50 and older with 21 or more teeth by education*



* Age standardized to the year 2000 U.S. population.

Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

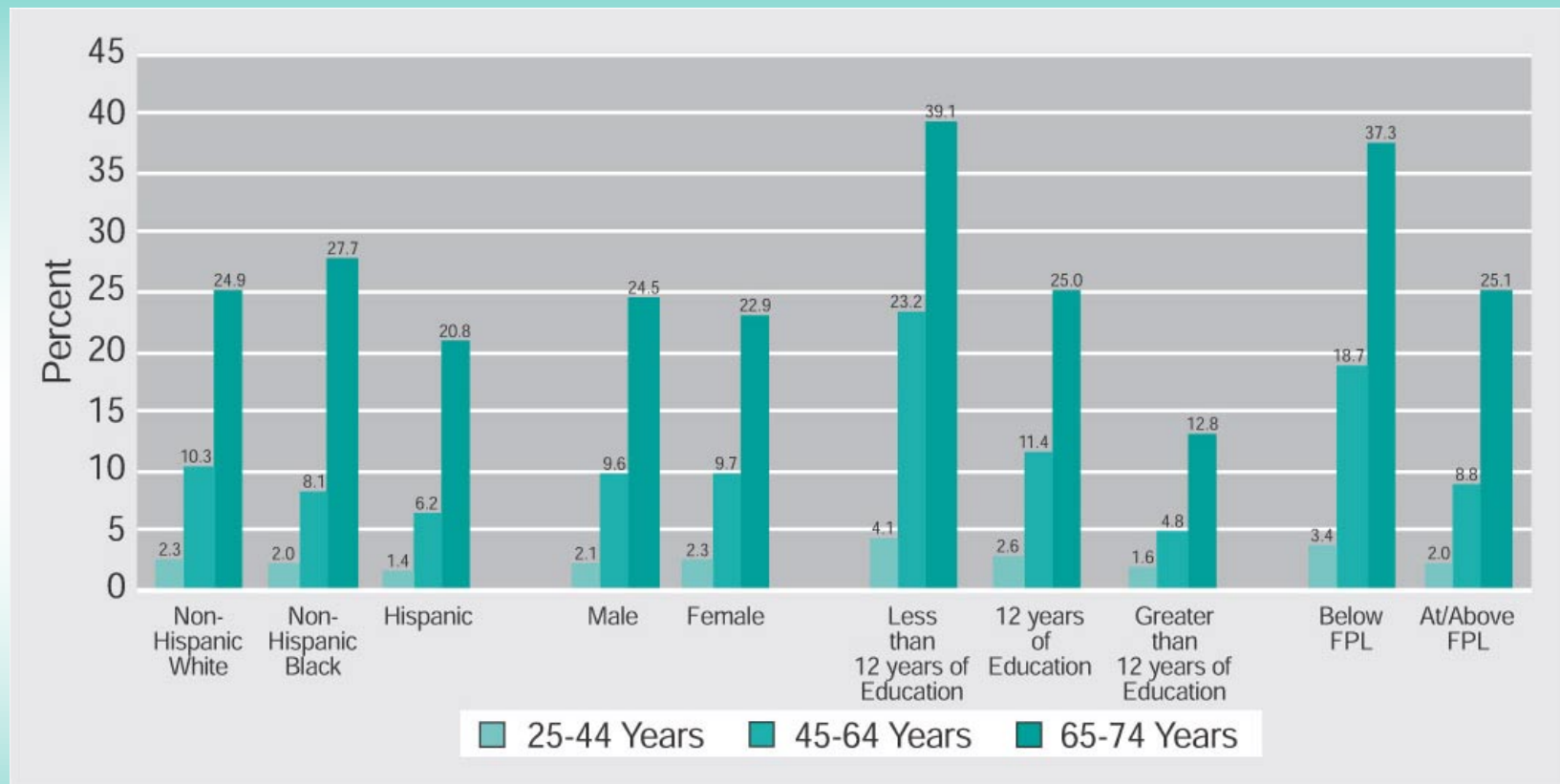
Percentage of adults aged 50 and older with 21 or more teeth by race/ethnicity and federal poverty level (FPL)*



* Age standardized to the year 2000 U.S. population.

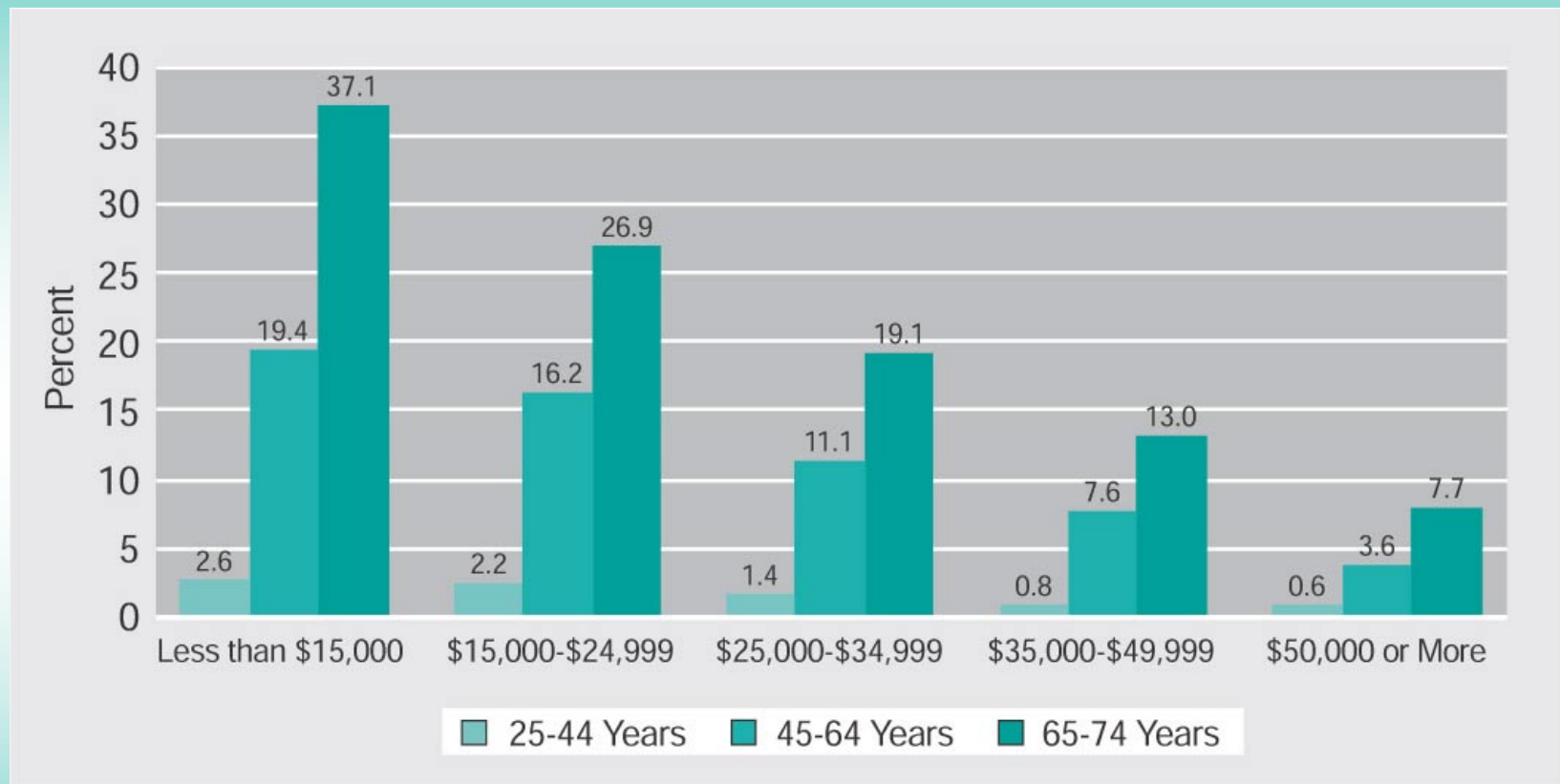
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Prevalence of edentulism by selected demographic characteristics



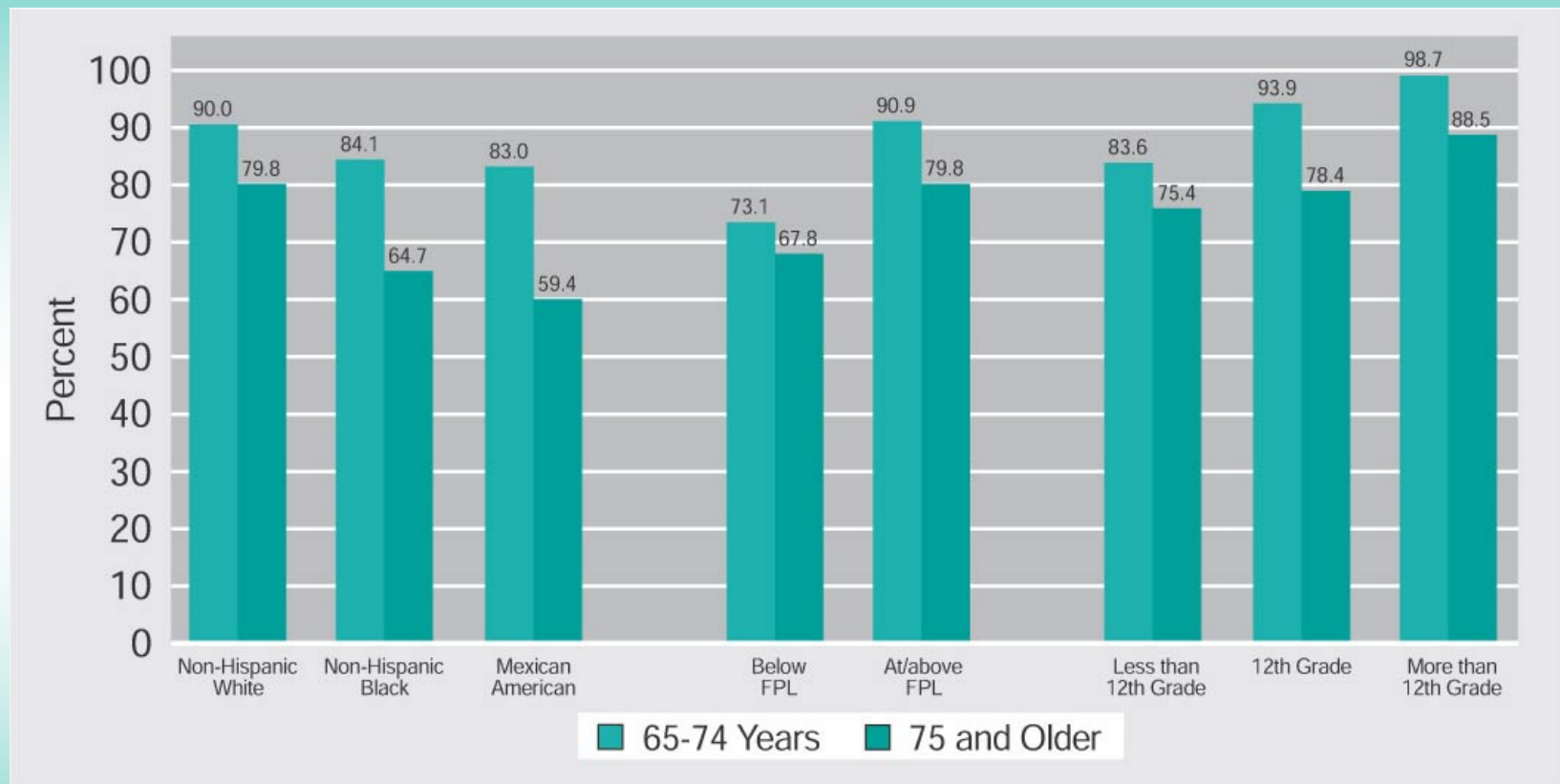
Data source: 1998 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.

Prevalence of edentulism by annual family income and age



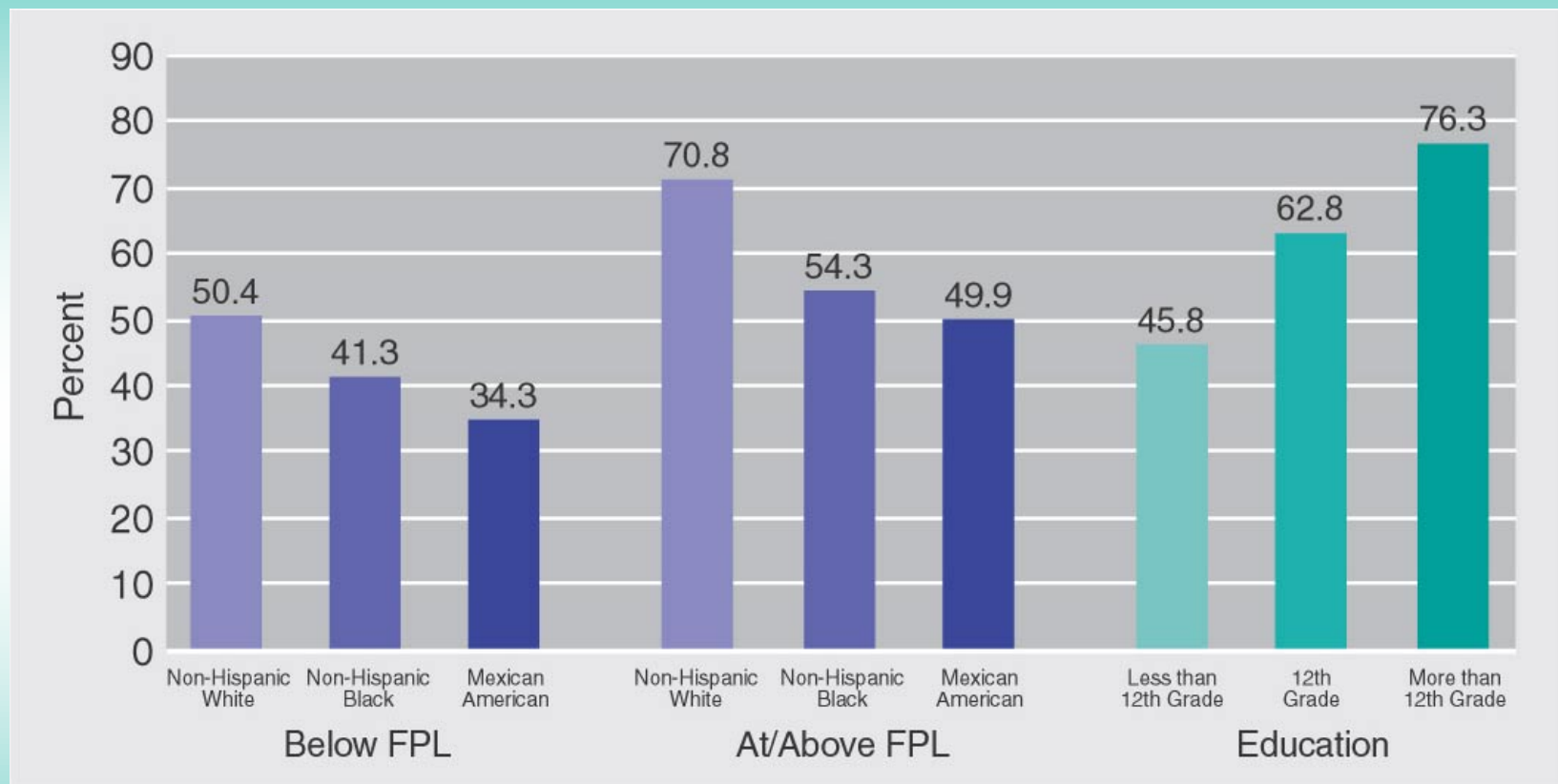
Data source: 1999 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Prevalence of denture use among edentulous adults by race/ethnicity, federal poverty level (FPL), and education



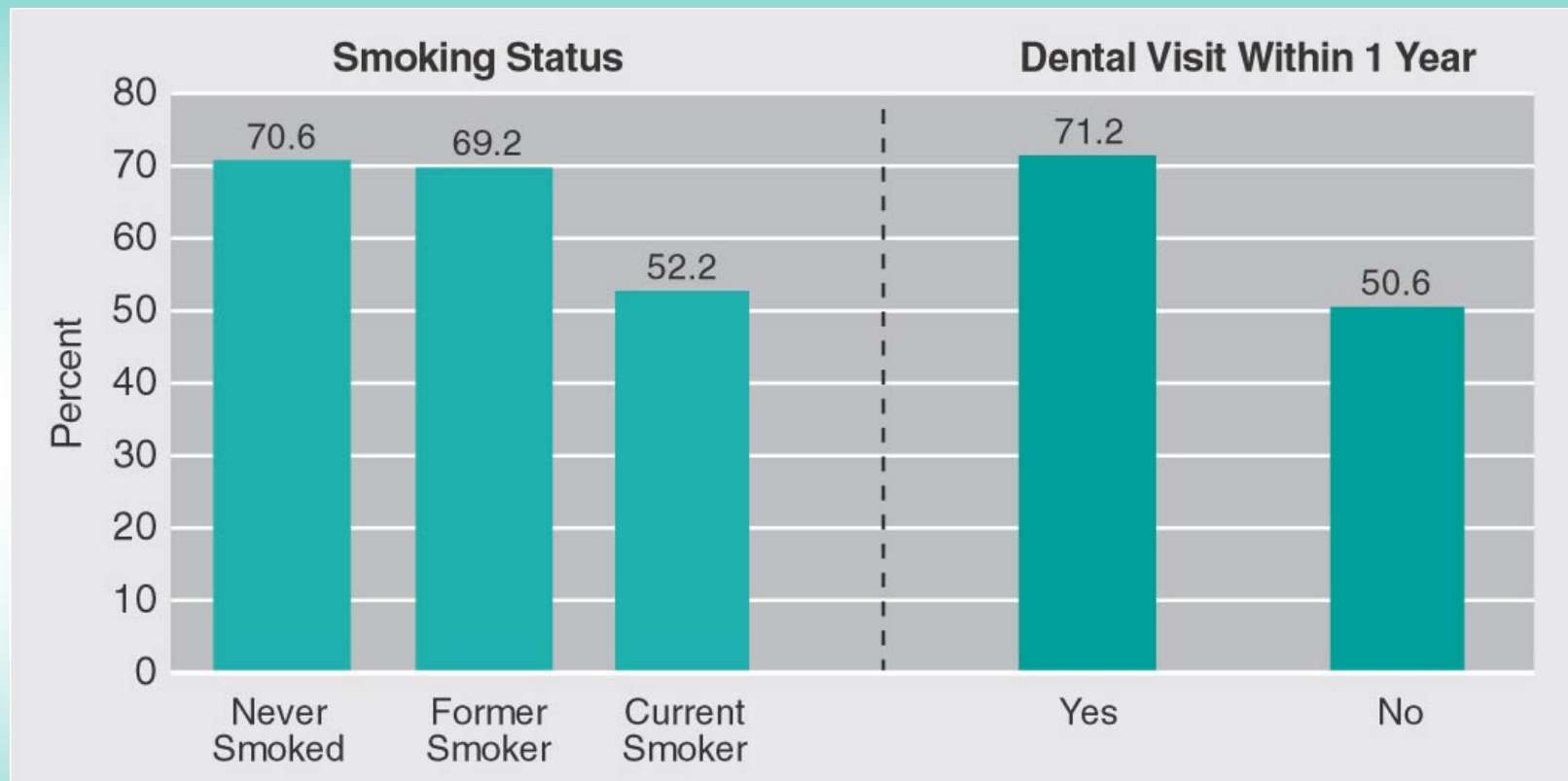
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 18 and older with a self-assessed oral health status of good or better by race/ethnicity, federal poverty level (FPL), and education



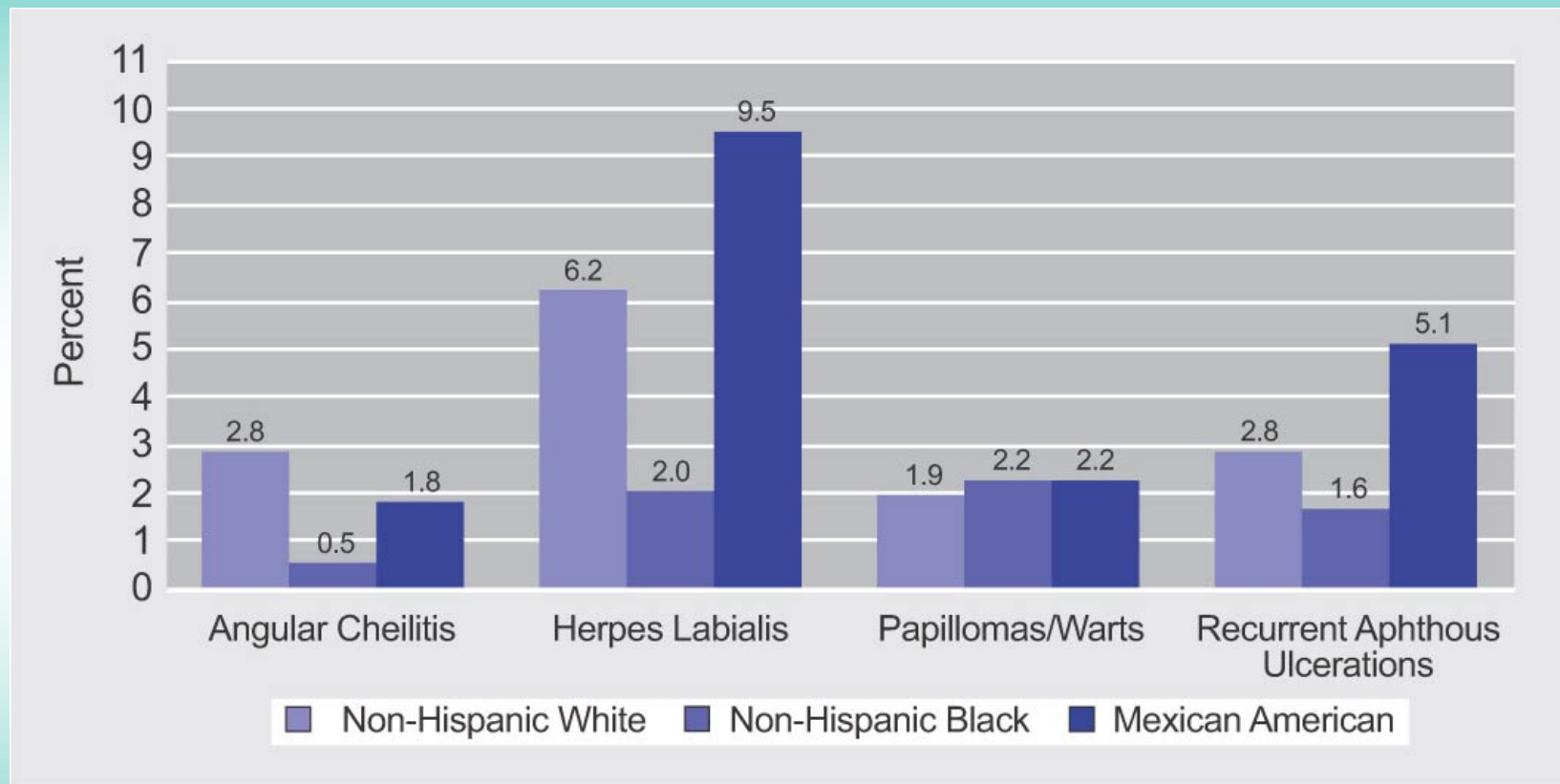
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 18 and older with a self-assessed oral health status of good or better by smoking status and dental visits



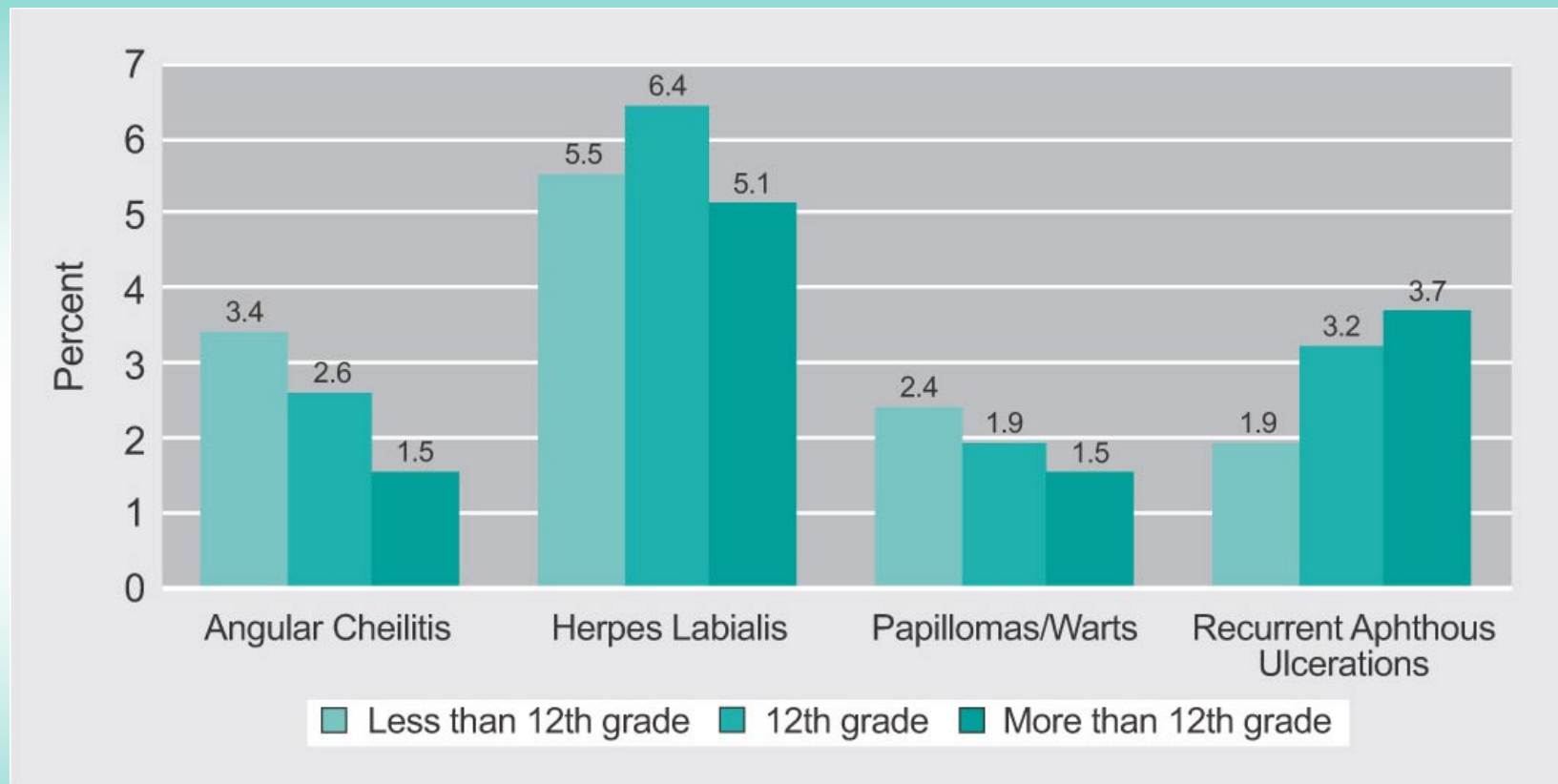
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Prevalence of oral infections and benign lesions by race/ethnicity among adults aged 18 and older



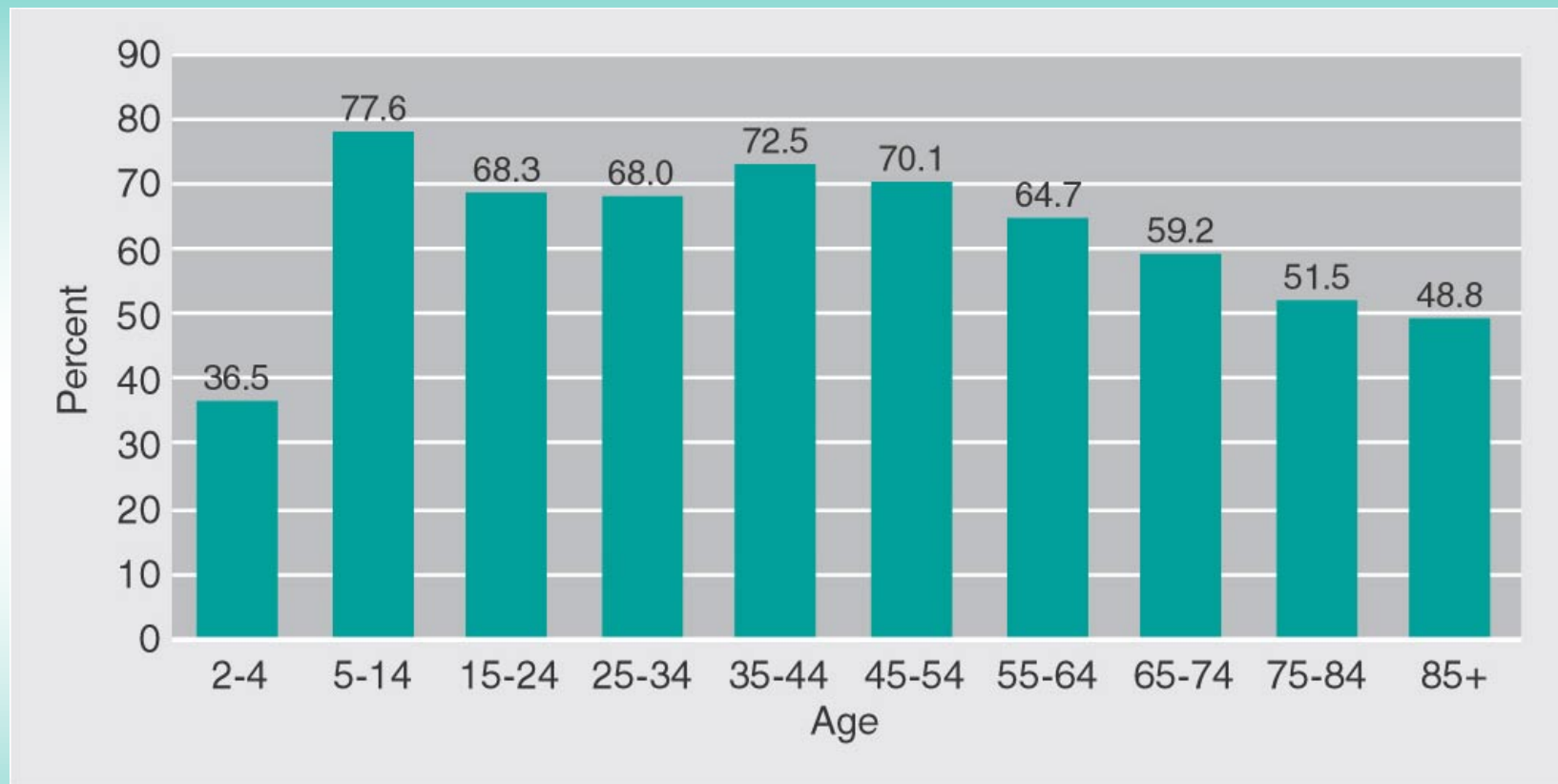
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Prevalence of oral infections and benign lesions by education among adults aged 18 and older



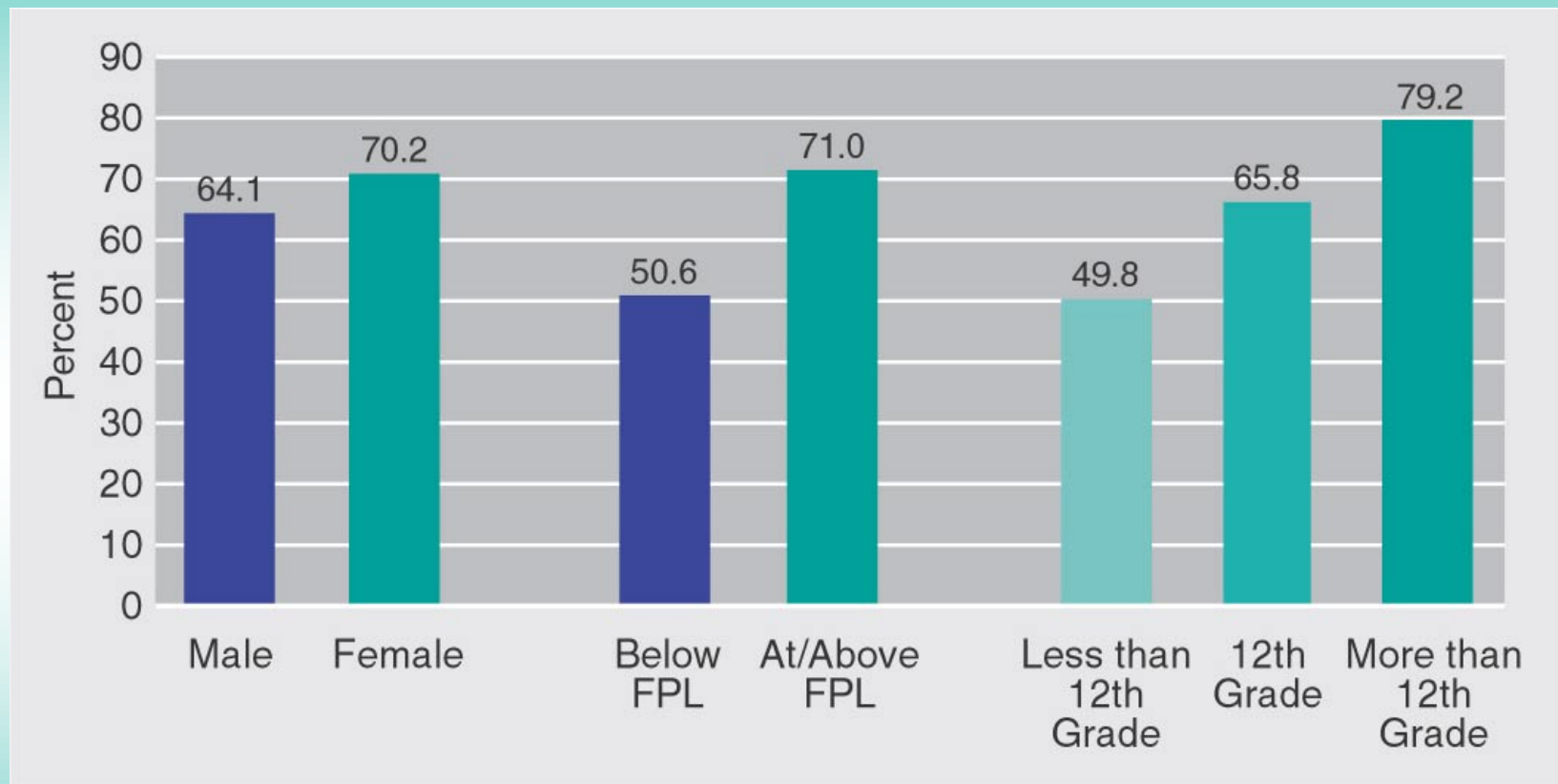
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of the U.S. population that visited a dentist within the past year by age group



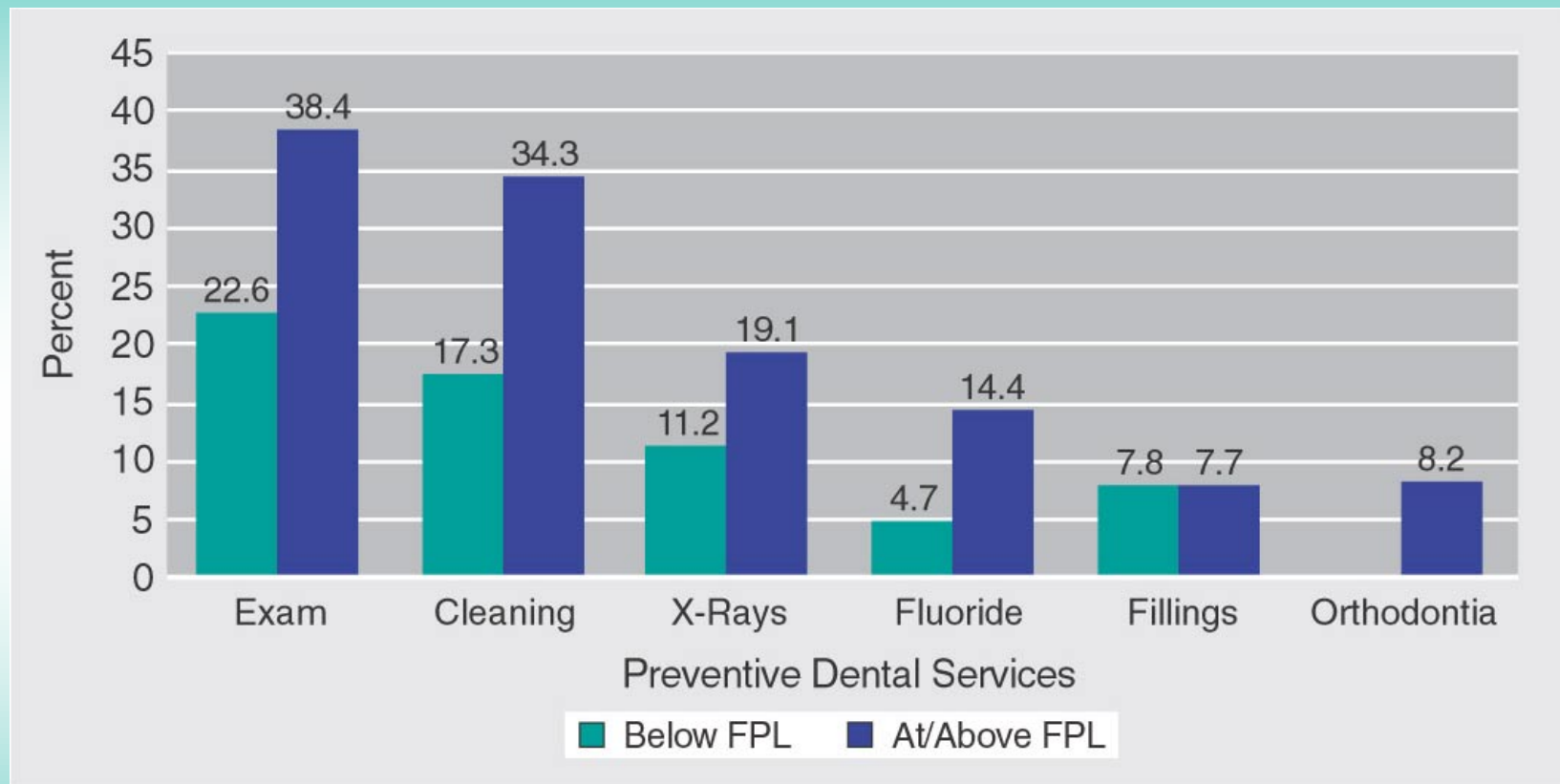
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of the U.S. population that visited a dentist within the past year by selected demographics



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

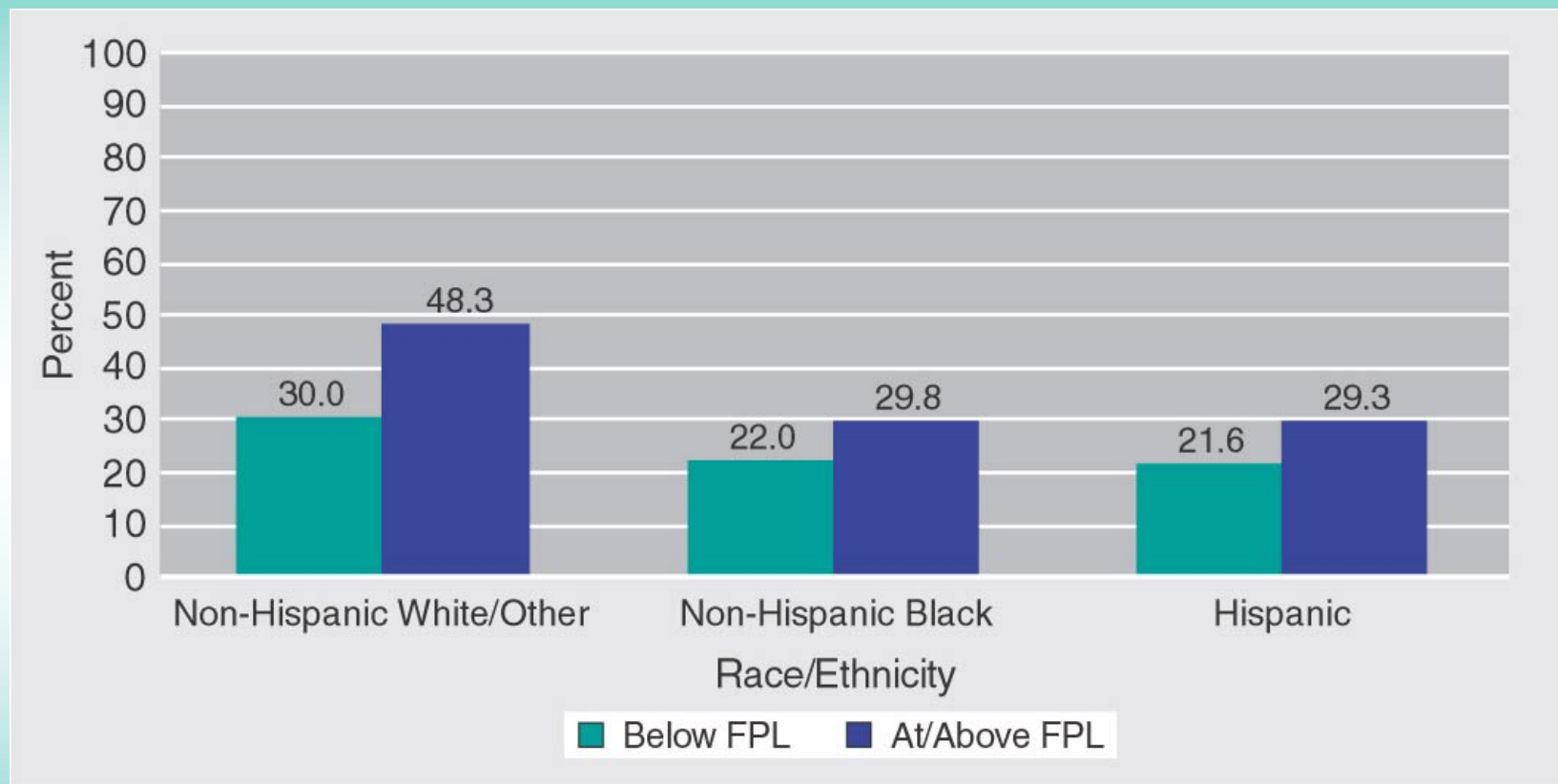
Percentage of children aged 18 years and younger who received preventive dental services during 1997 by type of service and federal poverty level (FPL)



Note: Sample size of children living below the federal poverty level (FPL) receiving orthodontia is too small to produce reliable estimates.

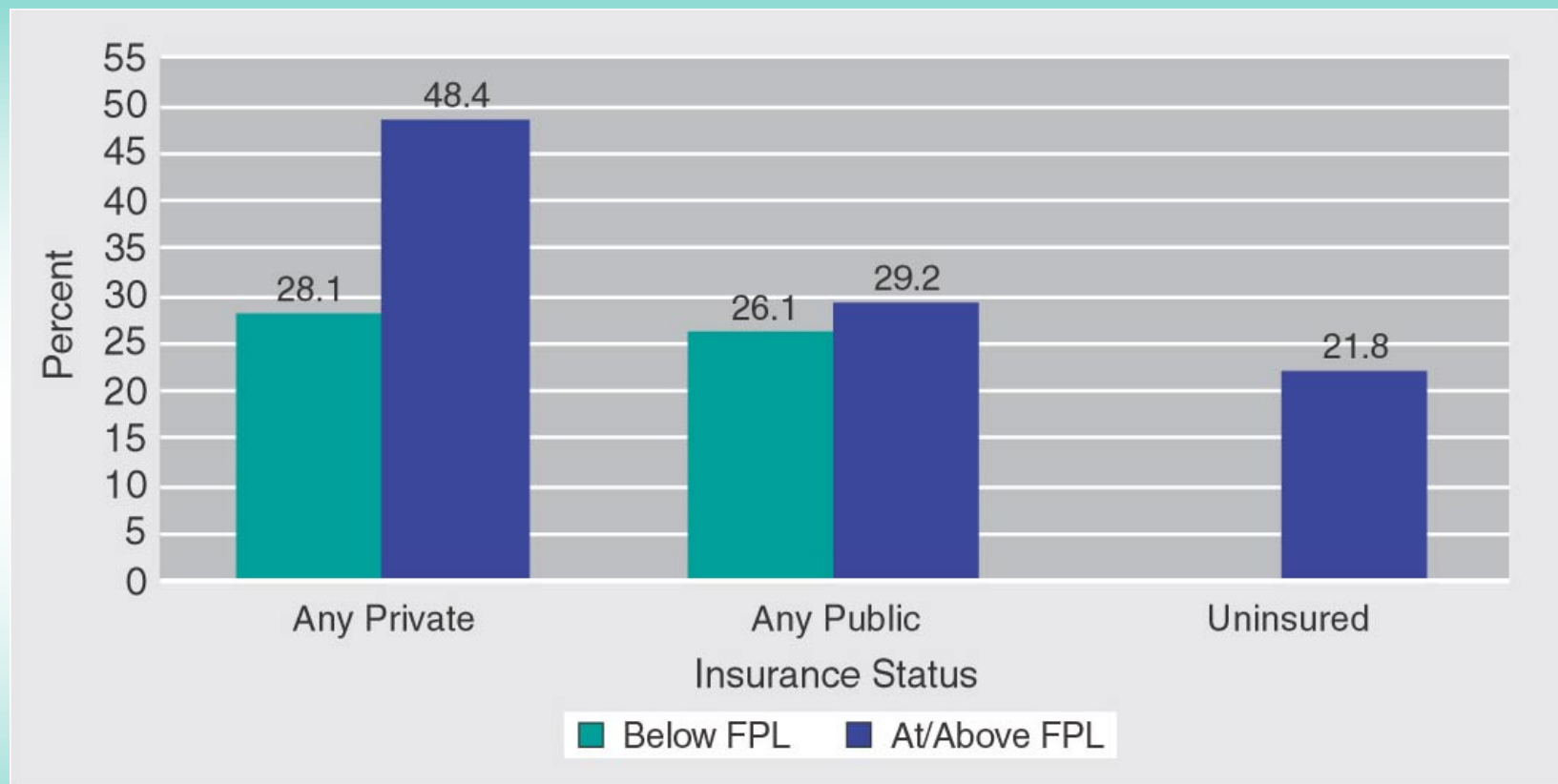
Data source: 1997 Medical Expenditure Panel Survey Household Component, Agency for Healthcare Research and Quality.

Percentage of children aged 18 years and younger who received any preventive dental services during 1997 by race/ethnicity and federal poverty level (FPL)



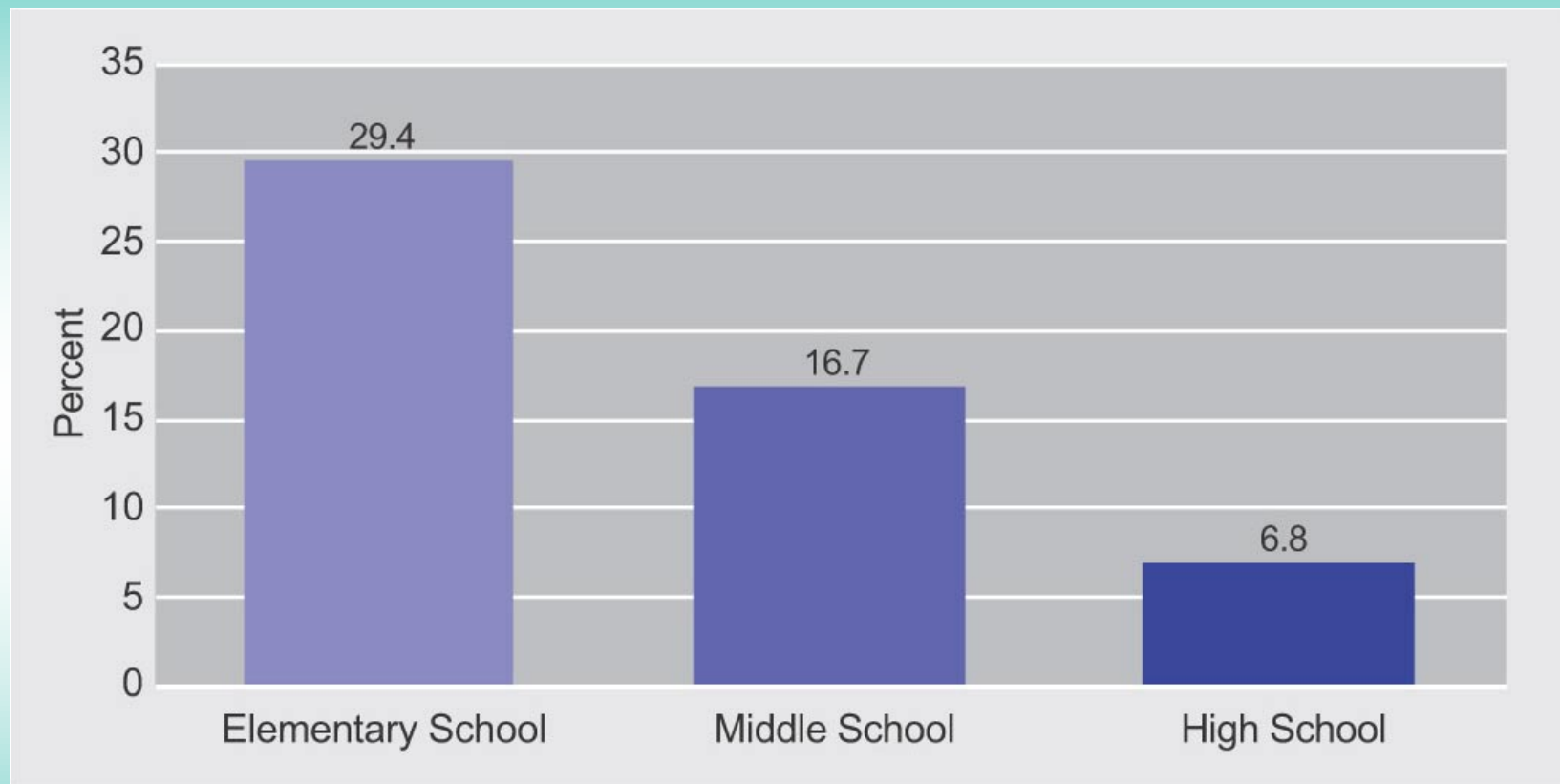
Data source: 1997 Medical Expenditure Panel Survey Household Component, Agency for Healthcare Research and Quality.

Percentage of children aged 18 years and younger who received any preventive dental services during 1997 by insurance status and federal poverty level (FPL)



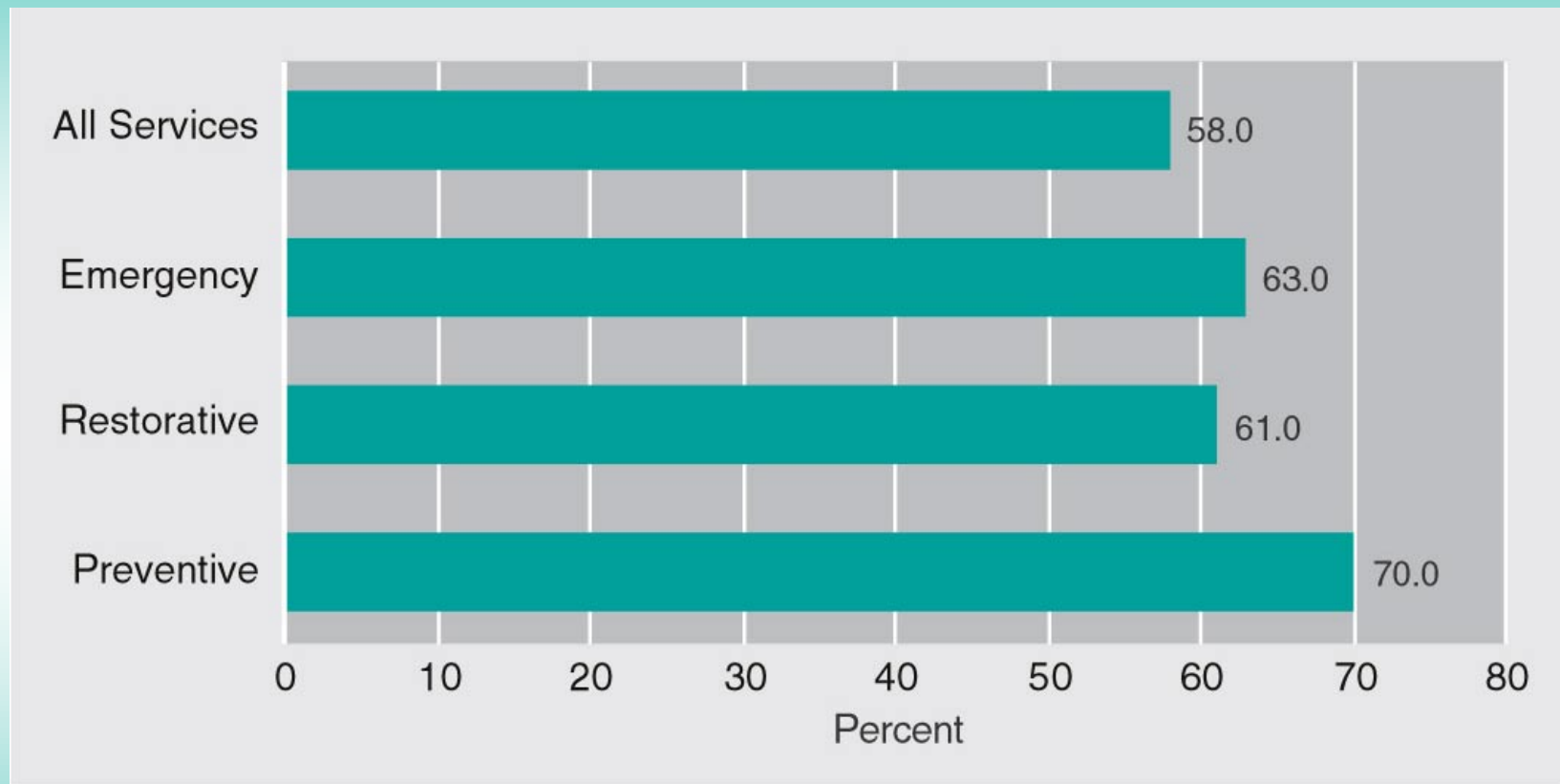
Note: Sample size of uninsured children living below the federal poverty level (FPL) is too small to produce reliable estimates.
Data source: 1997 Medical Expenditure Panel Survey Household Component, Agency for Healthcare Research and Quality.

Percentage of schools that provided oral health screening



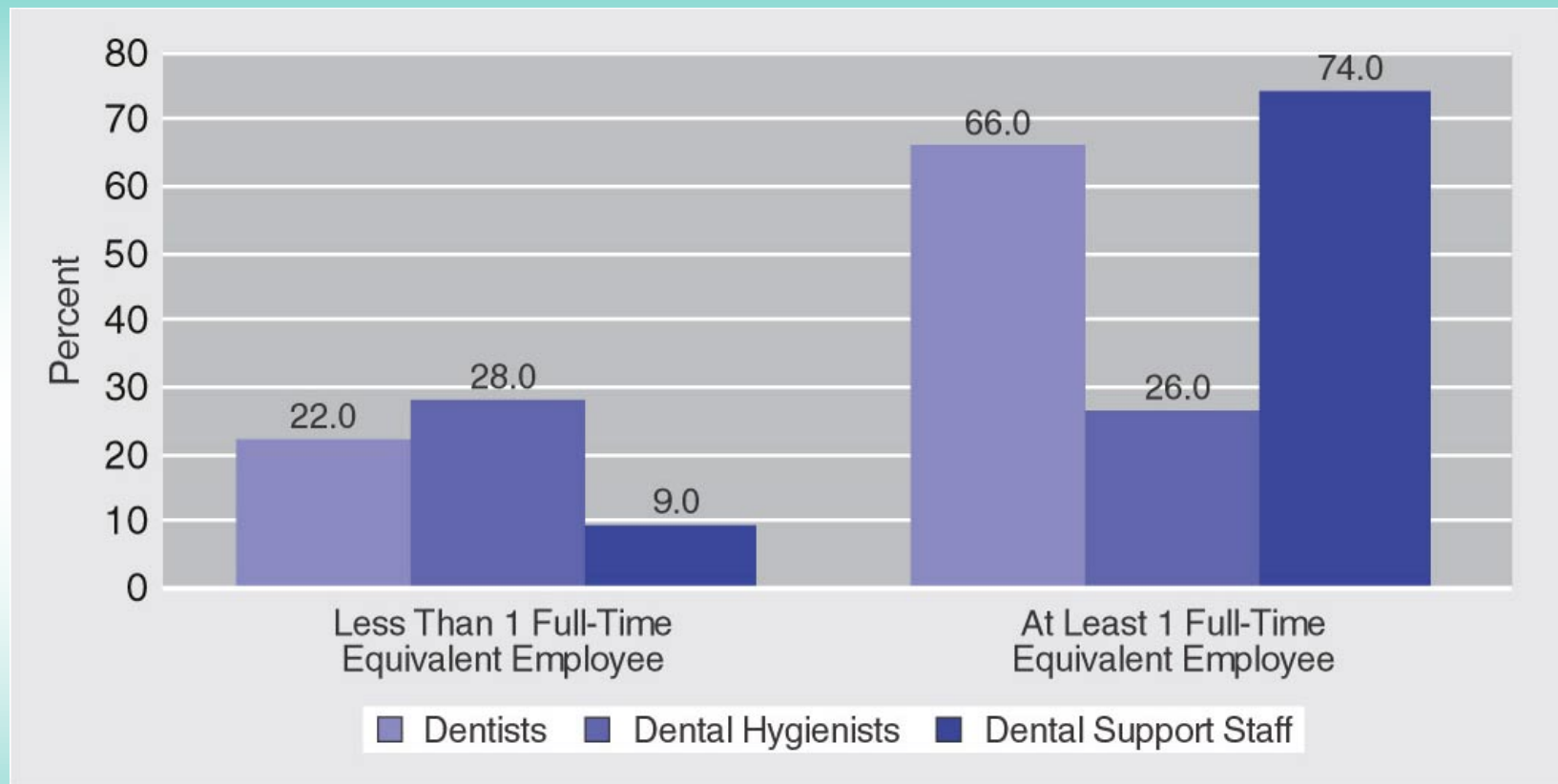
Source: Brener ND, Burstein GR, DuShaw ML, Vernon ME, Wheeler L, Robinson J. Health services: results from the School of Health Policies and Programs Study 2000. *Journal of School Health* 2001;71(7):294-304. Materials used with the permission of the American School Health Association.

Percentage of community-based health centers offering various types of dental care services on-site, 2001

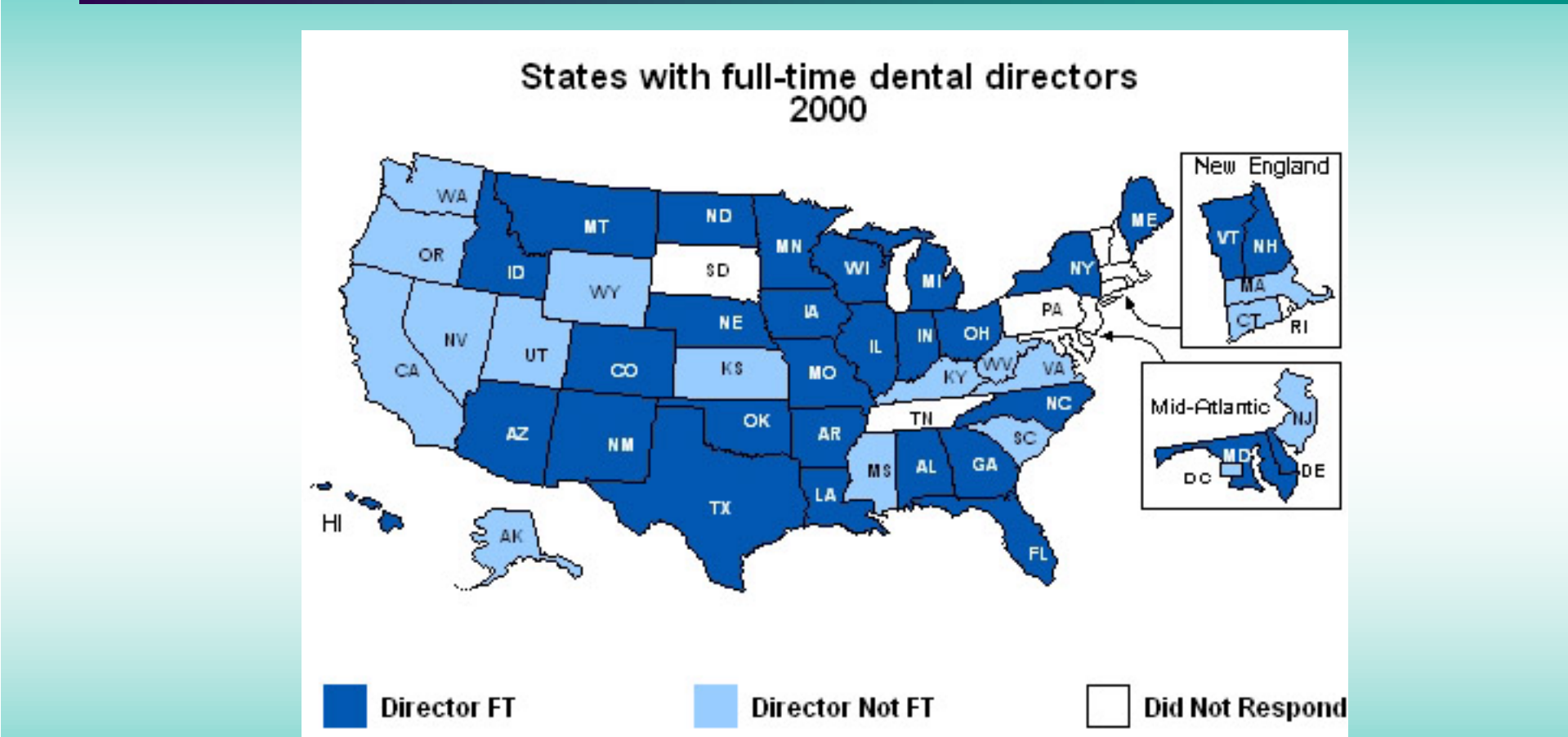


Data source: 2001 Uniform Data System, Bureau of Primary Health Care, Health Resources and Services Administration.

Employment status of dental employees at community-based health centers

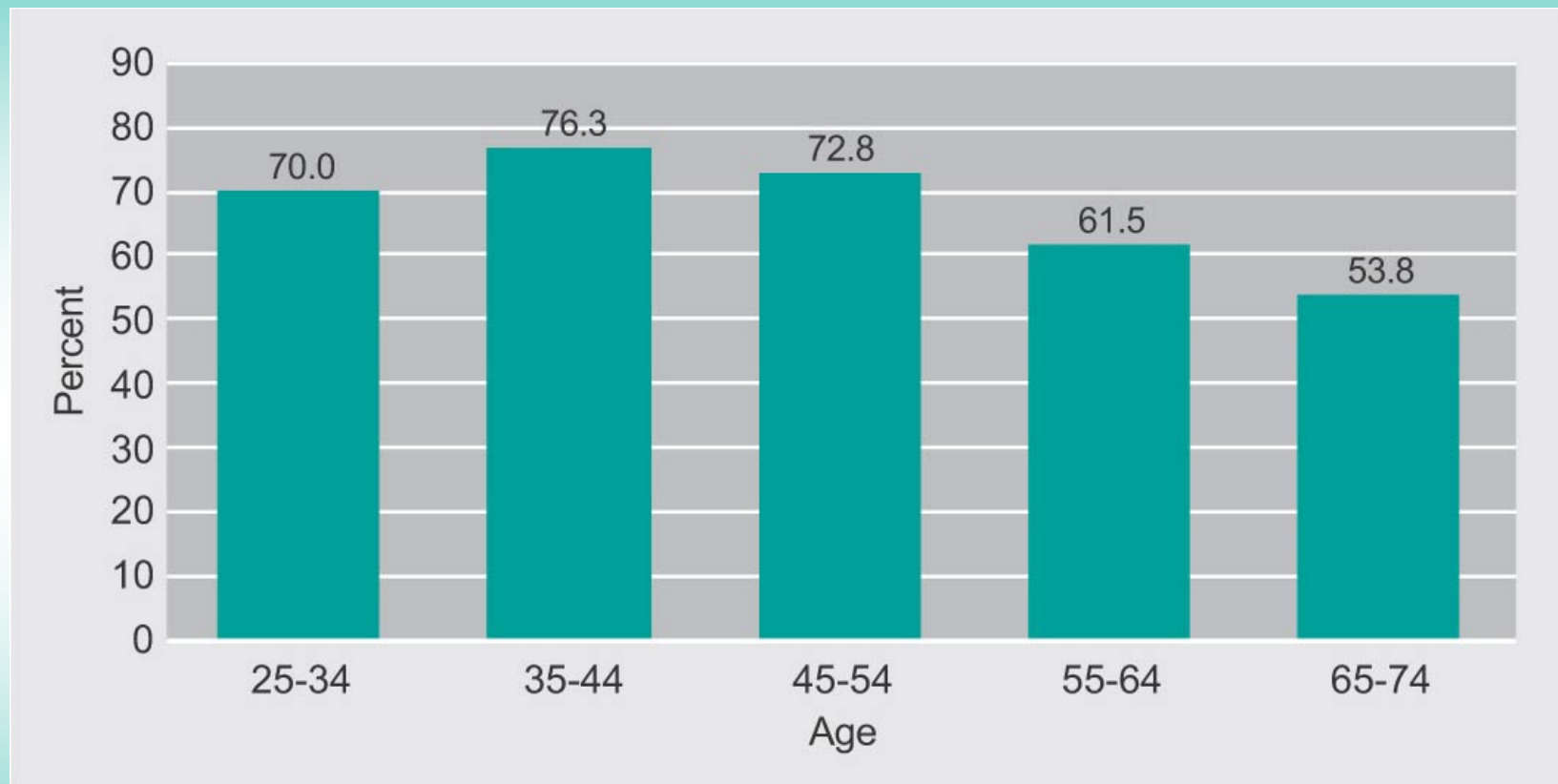


Data source: 2001 Uniform Data System, Bureau of Primary Health Care, Health Resources and Services Administration.



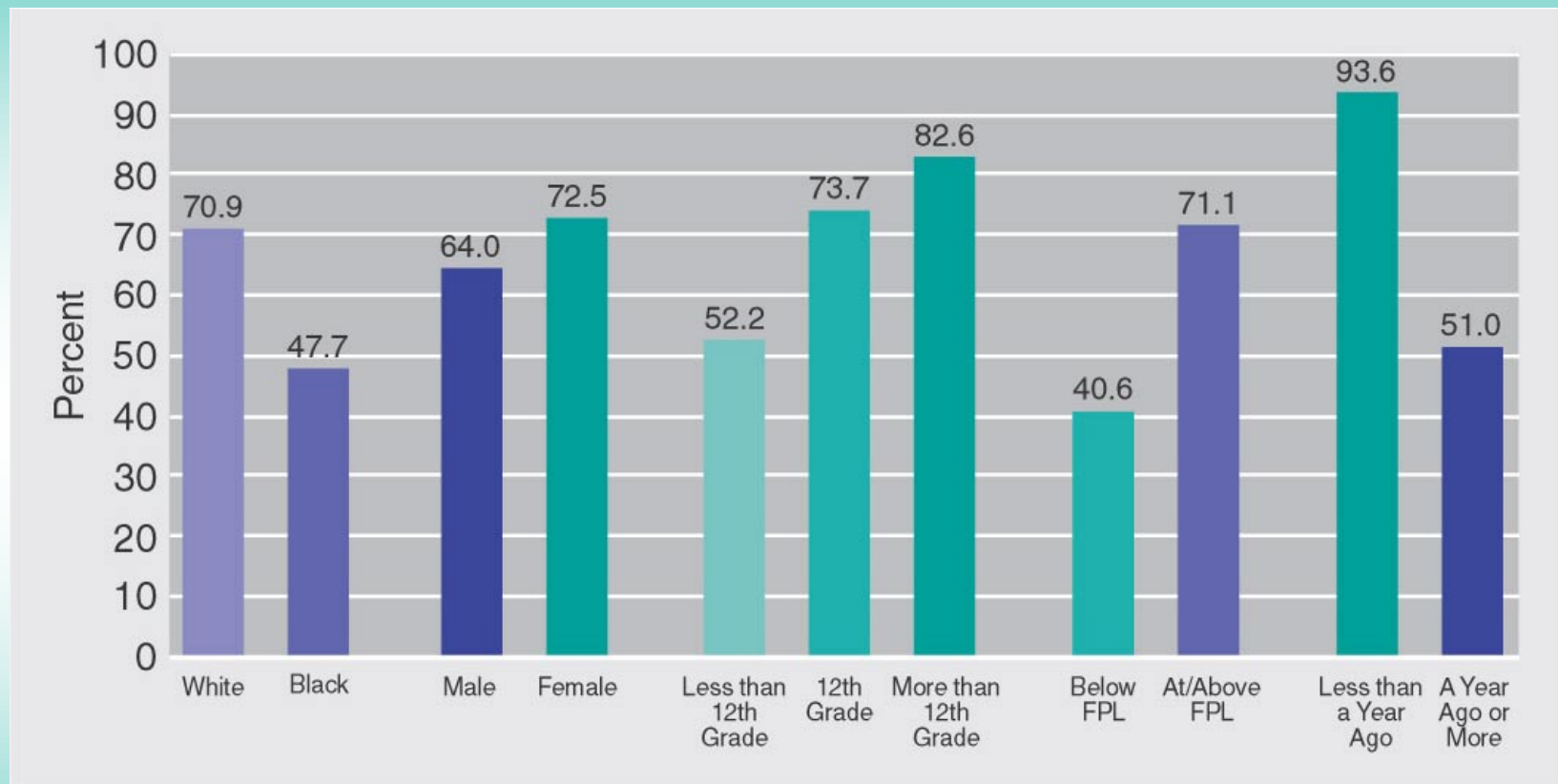
Source: CDC's Division of Oral Health and the Association of State and Territorial Dental Directors, April 29, 2001.

Percentage of adults with a usual source of dental care by age, 1971-1975



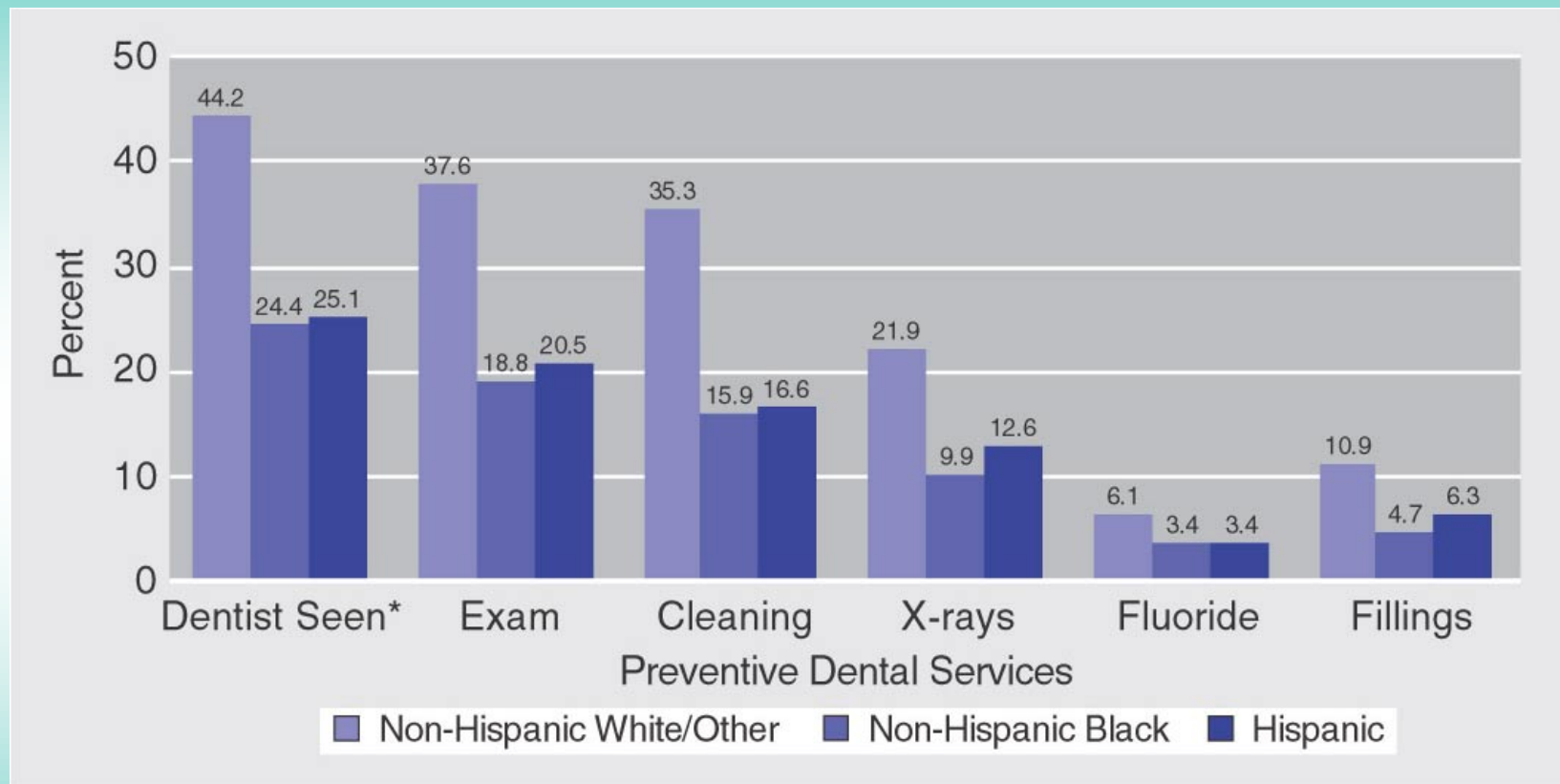
Data source: The First National Health and Nutrition Examination Survey (NHANES I) 1971-1975, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults with a usual source of dental care by selected demographics, 1971-1975



Data source: The First National Health and Nutrition Examination Survey (NHANES I) 1971-1975, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of the population who received preventive dental services during 1997 by type of service and race/ethnicity

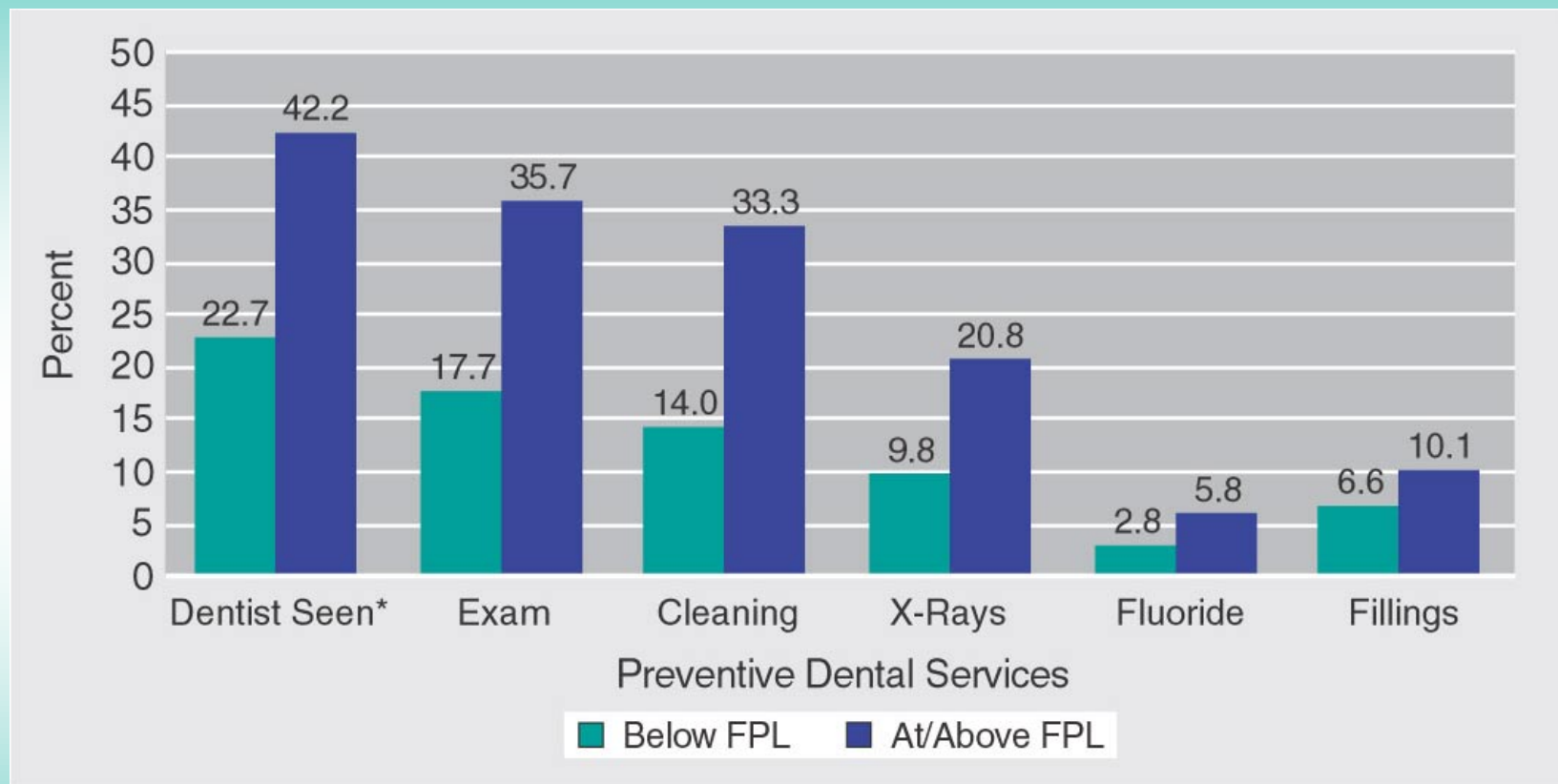


Notes: MEPS reports race/ethnicity as Hispanic, non-Hispanic blacks, and other (including non-Hispanic whites).

* Includes seeing general dentist, dental hygienist, or dental technician.

Data source: 1997 Medical Expenditure Panel Survey Household Component, Agency for Healthcare Research and Quality.

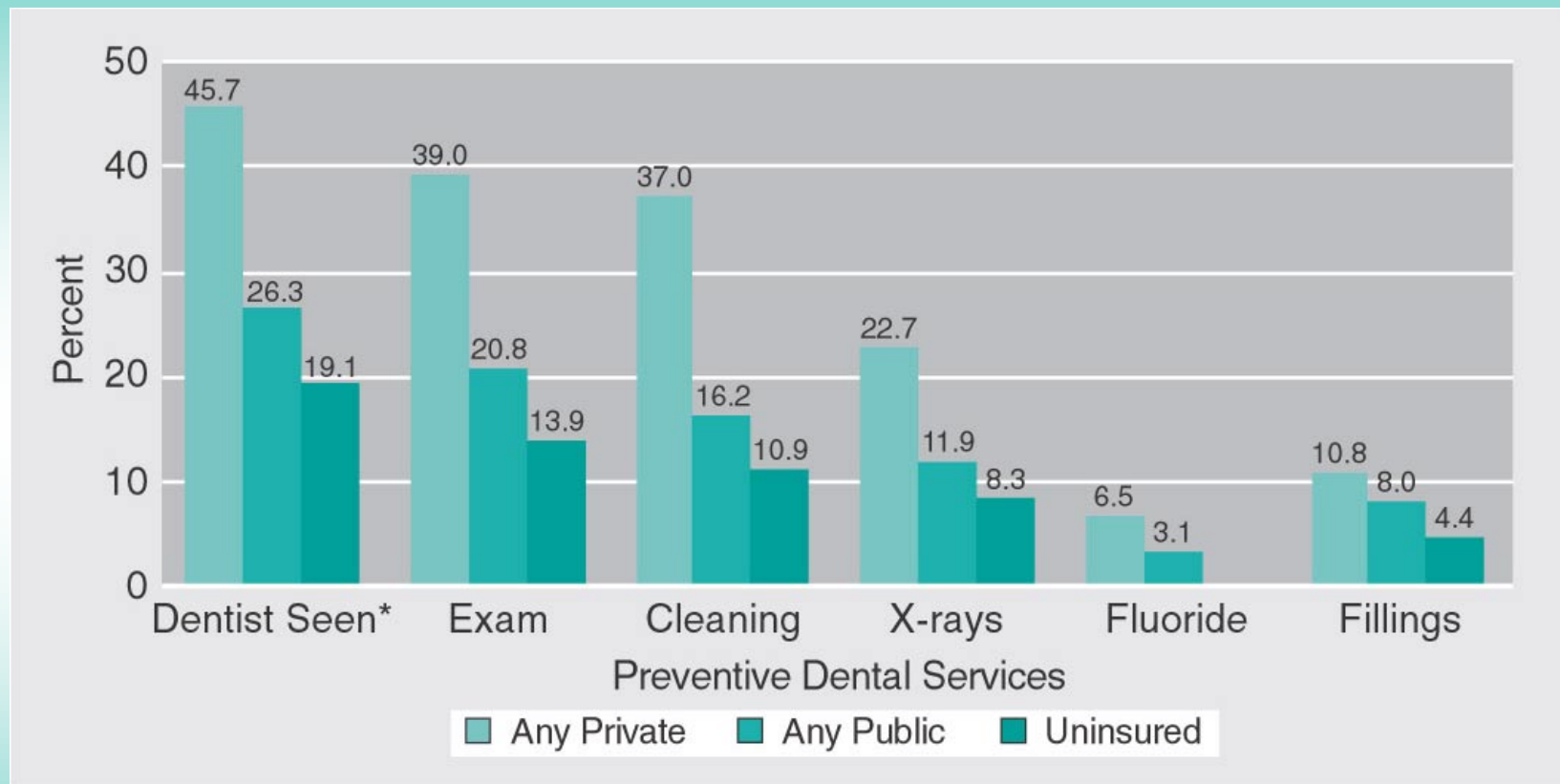
Percentage of the population who received preventive dental services during 1997 by type of service and federal poverty level (FPL)



* Includes seeing general dentist, dental hygienist, or dental technician.

Data source: 1997 Medical Expenditure Panel Survey Household Component, Agency for Healthcare Research and Quality.

Percentage of the population who received preventive dental services during 1997 by type of service and insurance status

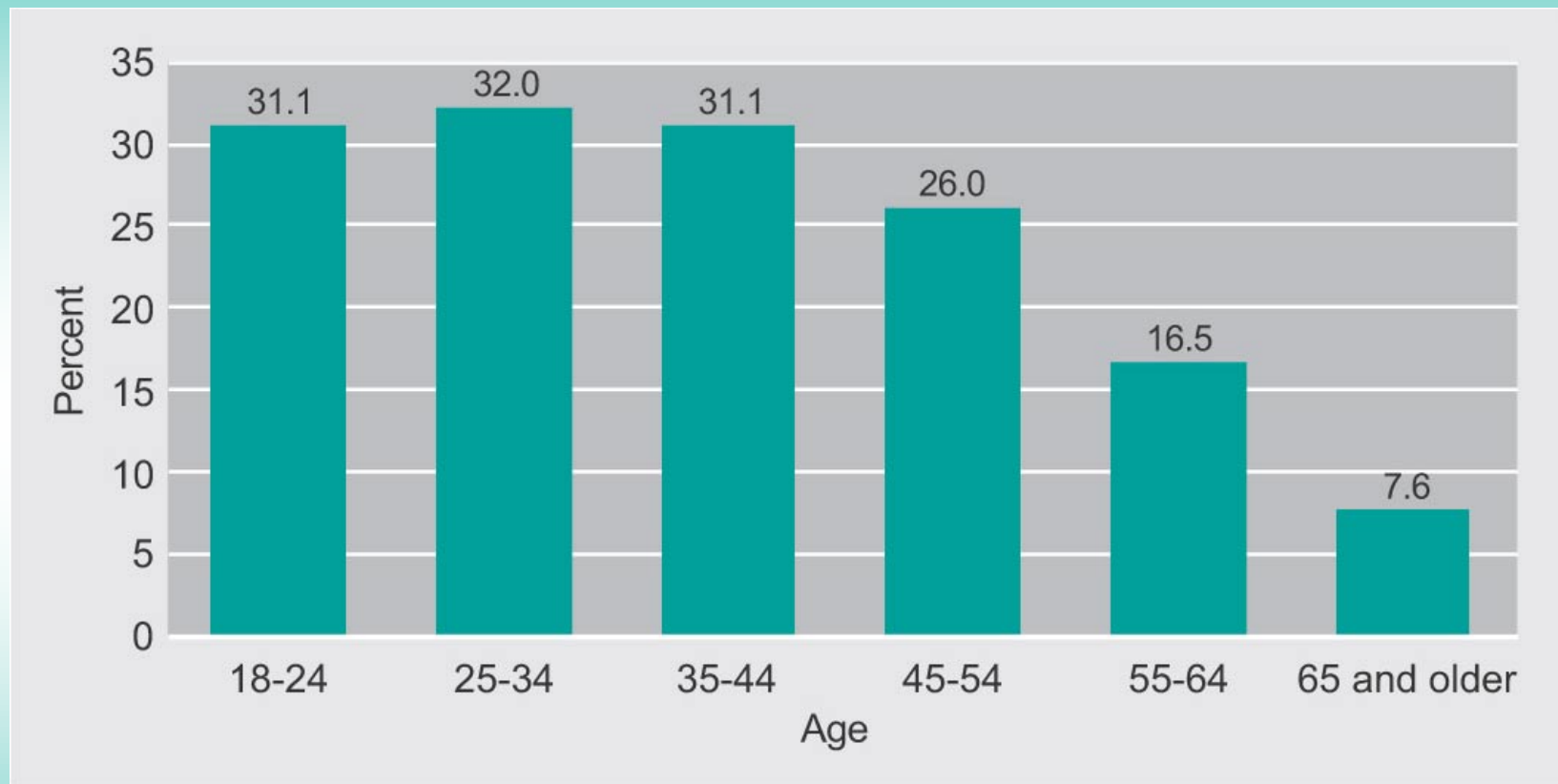


Note: Sample size for uninsured receiving fluoride services was insufficient to produce reliable national estimates.

* Includes seeing general dentist, dental hygienist, or dental technician.

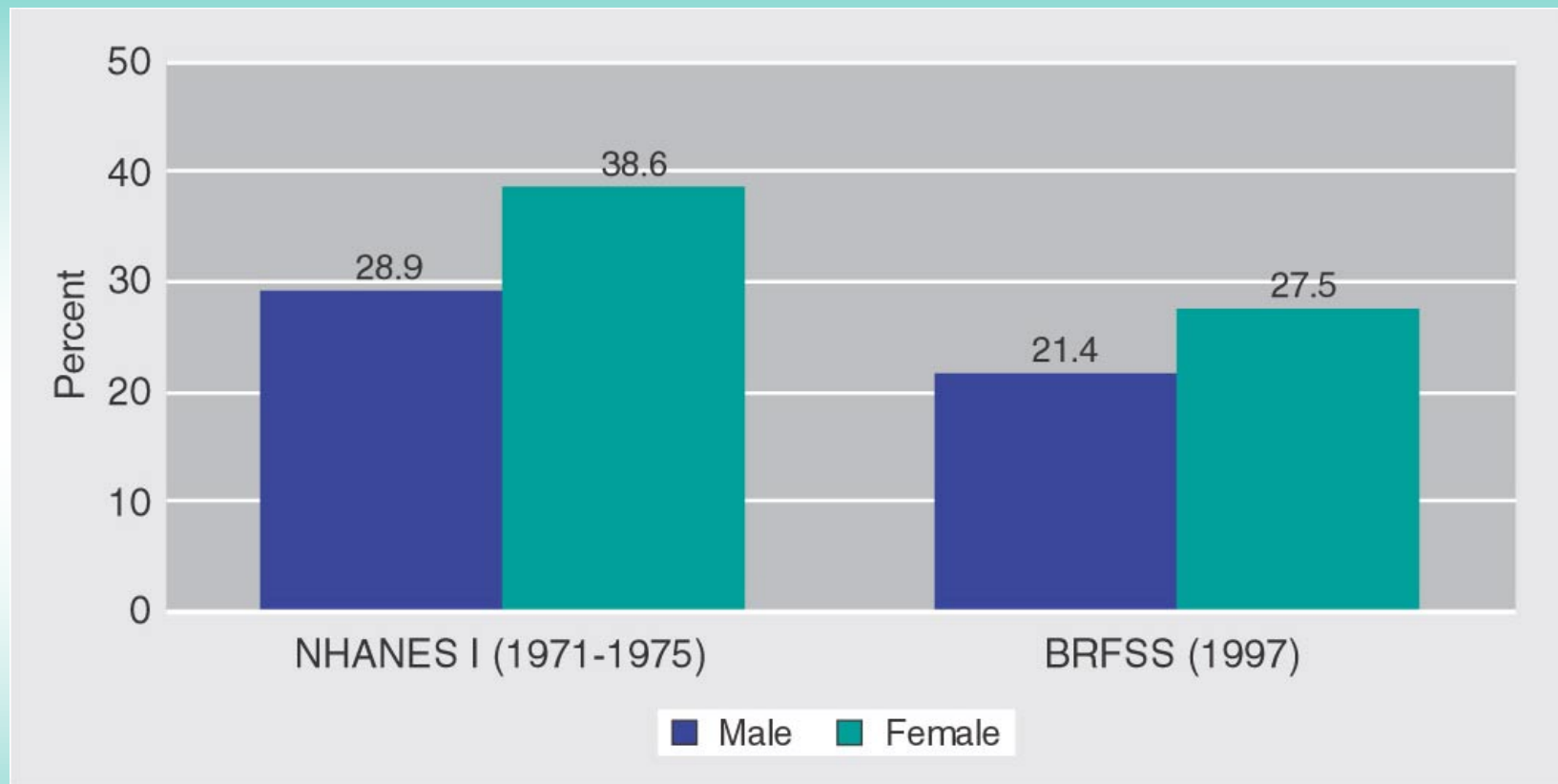
Data source: 1997 Medical Expenditure Panel Survey Household Component, Agency for Healthcare Research and Quality.

Percentage of adults who did not visit a dentist within the past 12 months due to cost by age



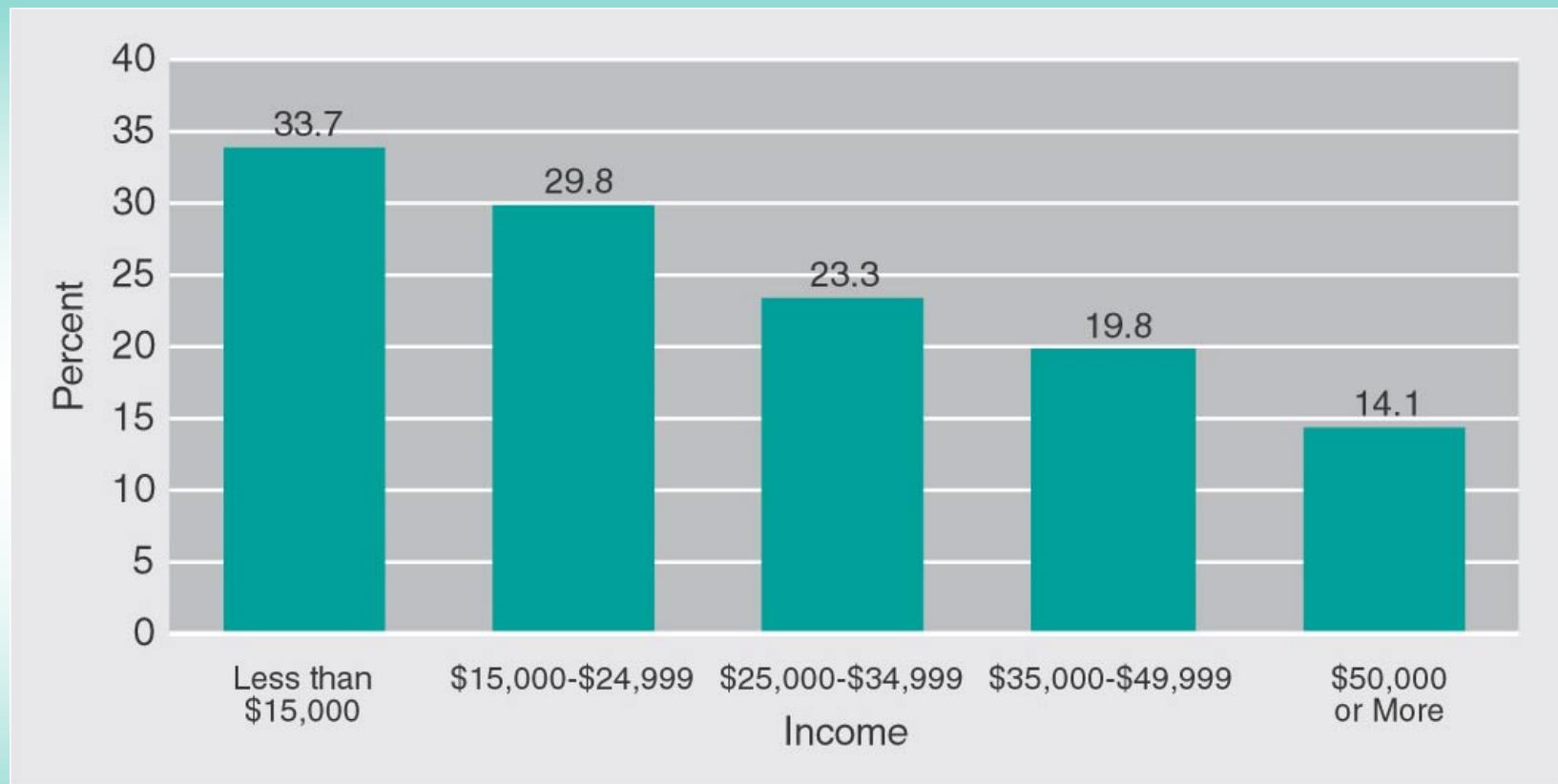
Data source: 1997 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Percentage of adults who did not visit a dentist within the past 12 months due to cost by gender



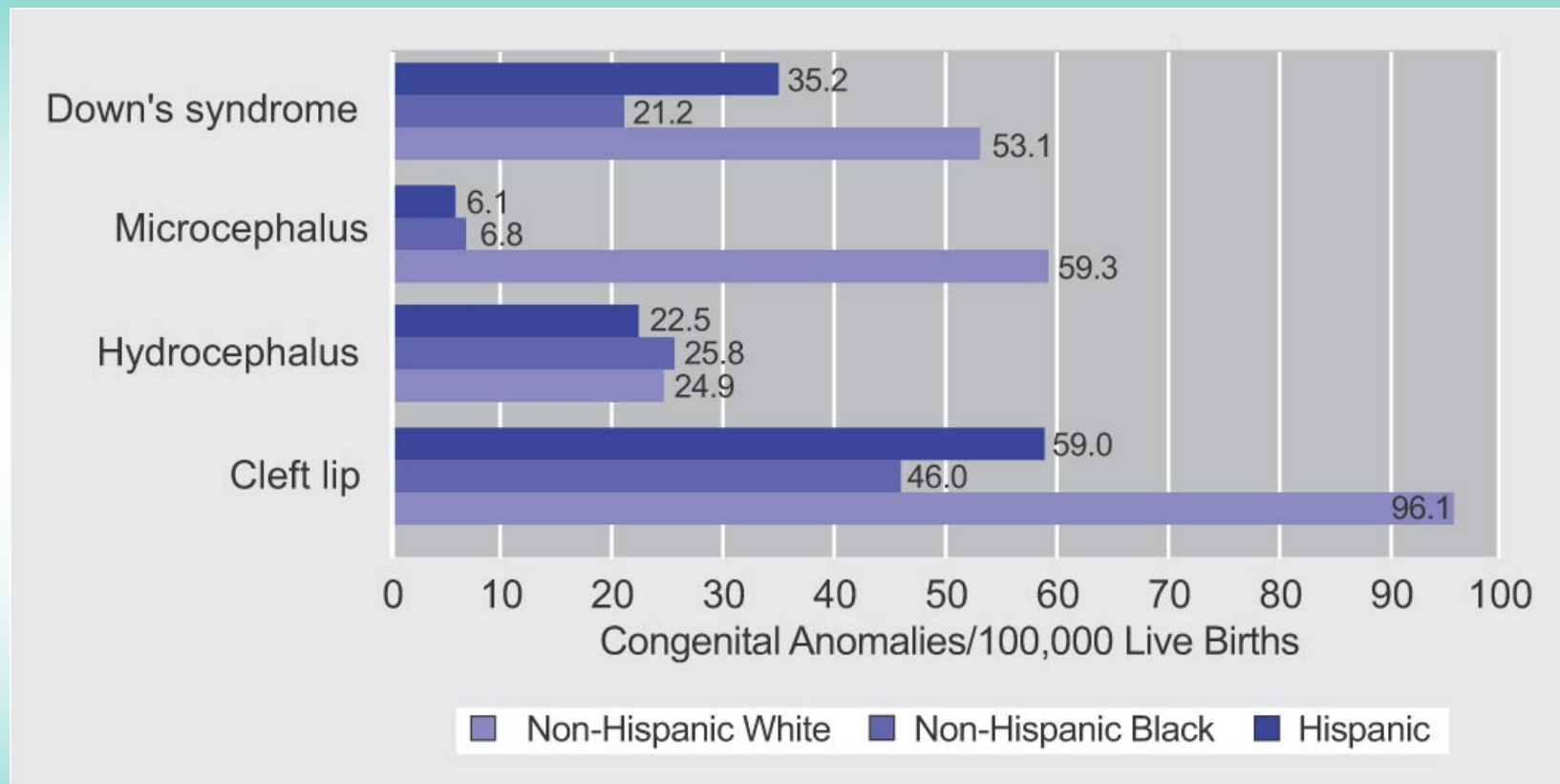
Data sources: The First National Health and Nutrition Examination Survey (NHANES I) 1971-1975, National Center for Health Statistics, Centers for Disease Control and Prevention and 1997 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Percentage of adults who did not visit a dentist within the past 12 months due to cost by income



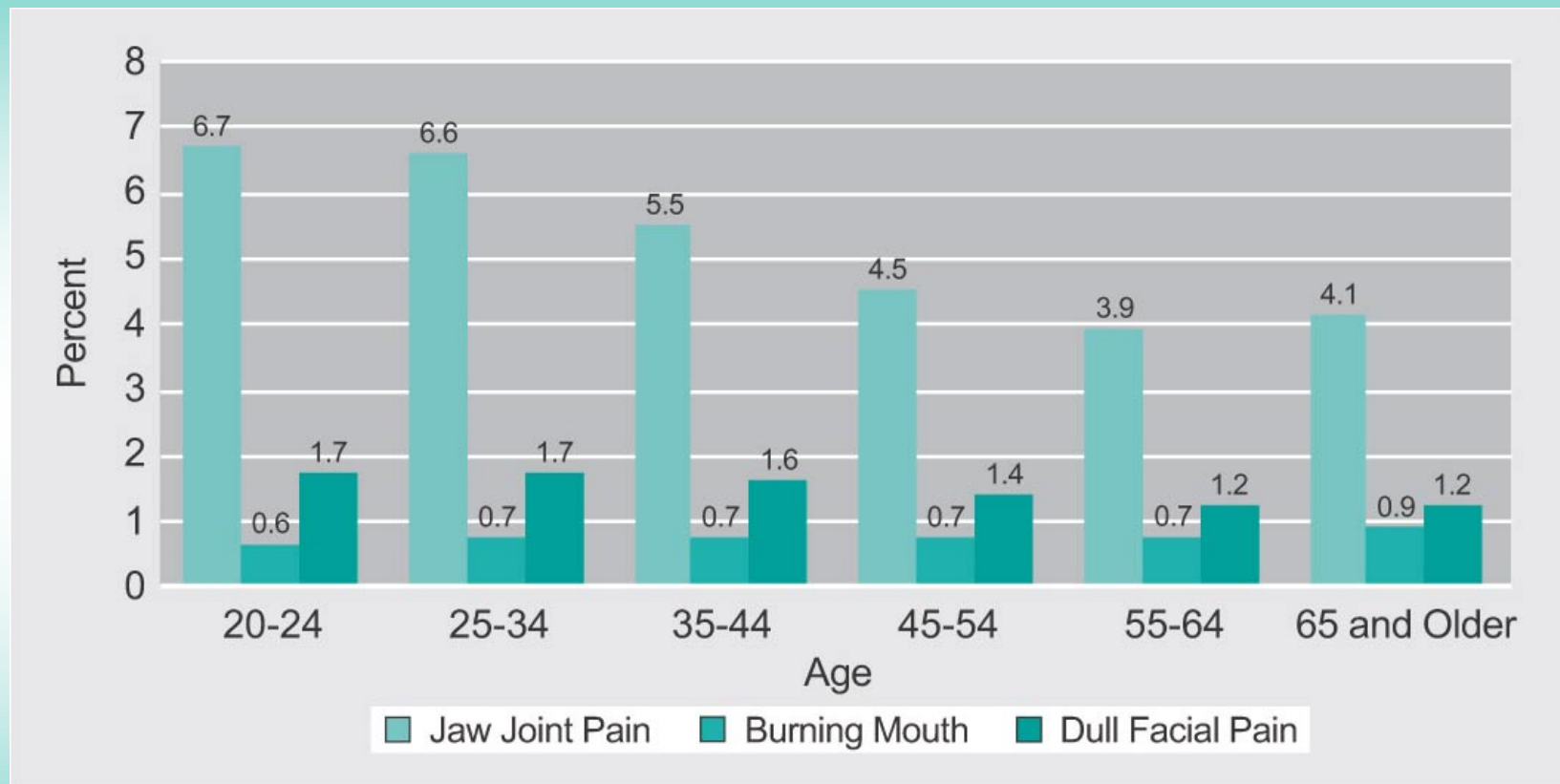
Data source: 1997 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Prevalence of congenital malformations by race/ethnicity



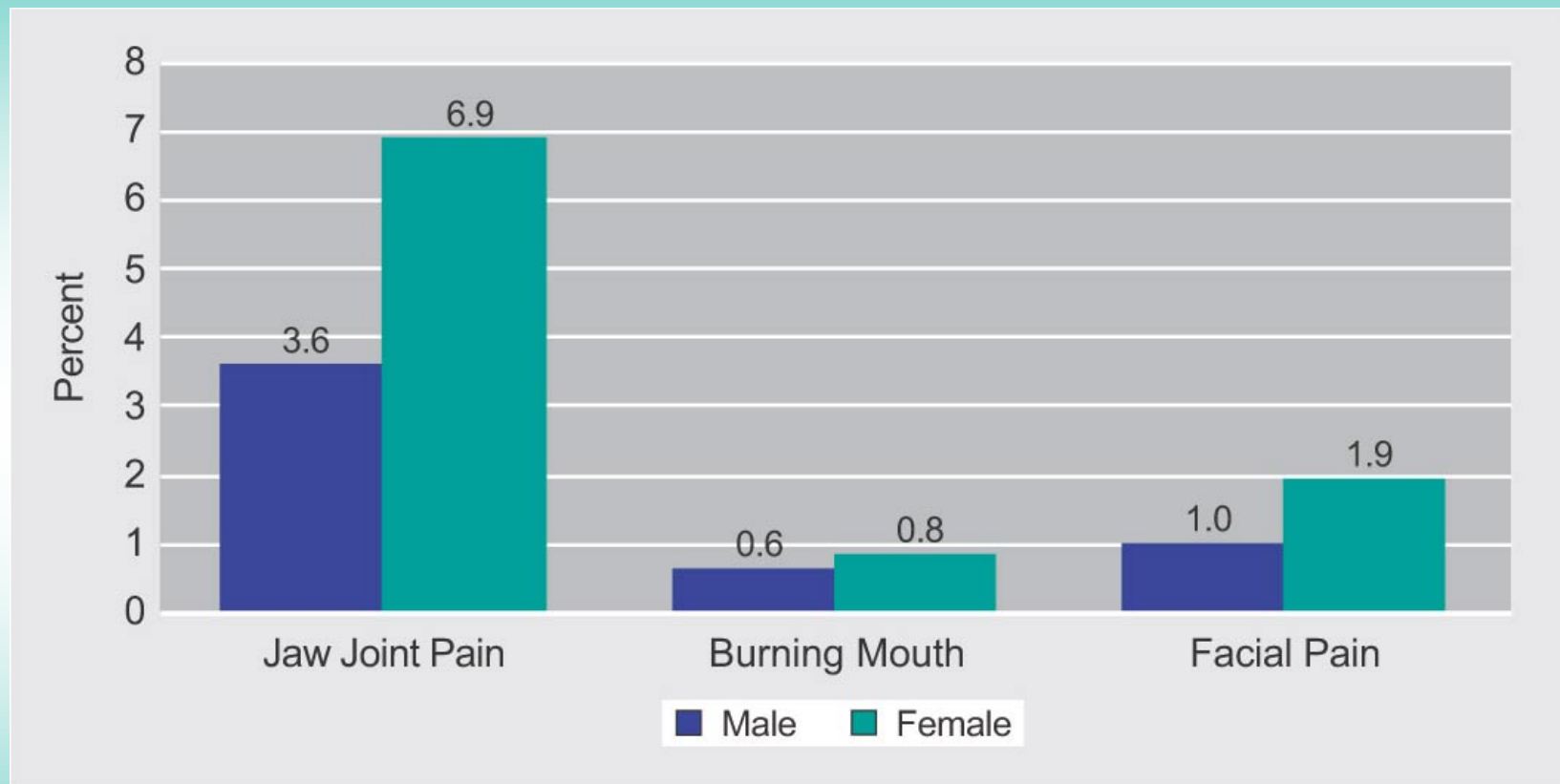
Data source: 1998 Natality Data Set, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 20 and older with chronic orofacial pain by age group



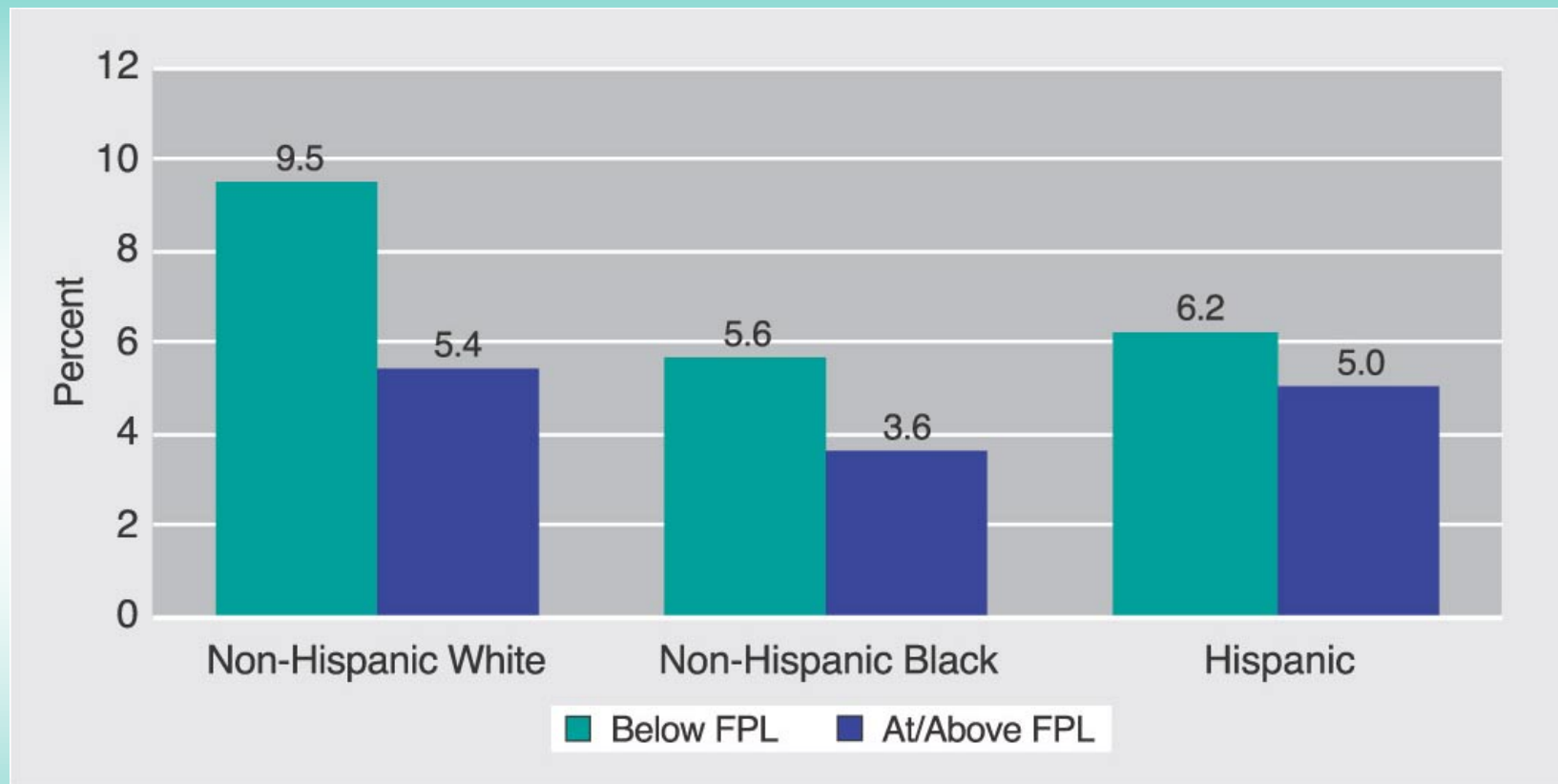
Data source: 1989 National Health Interview Survey Orofacial Pain Supplement, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 20 and older with chronic orofacial pain by gender



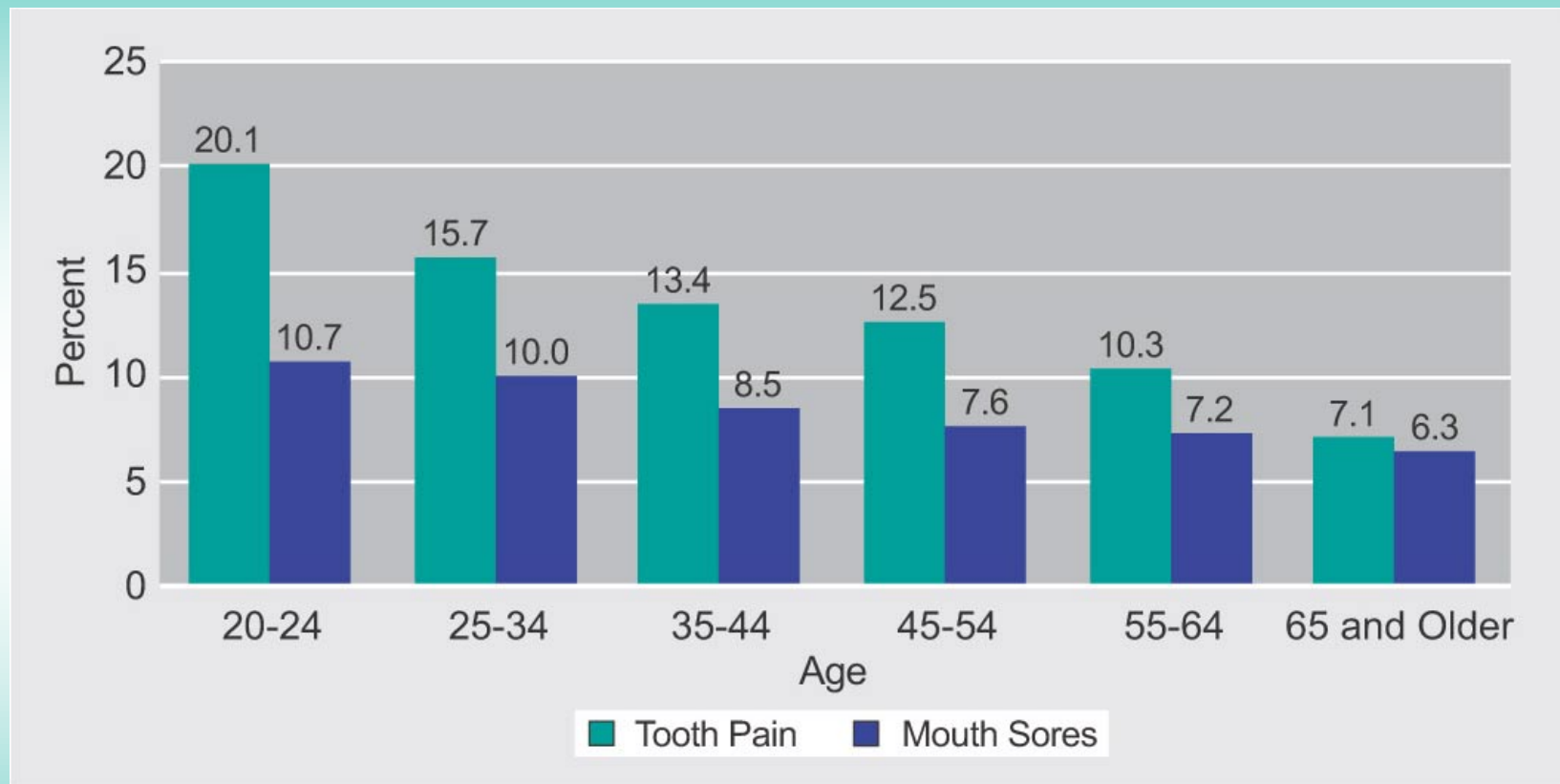
Data source: 1989 National Health Interview Survey Orofacial Pain Supplement, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 20 and older with jaw joint pain by race/ethnicity and federal poverty level (FPL)



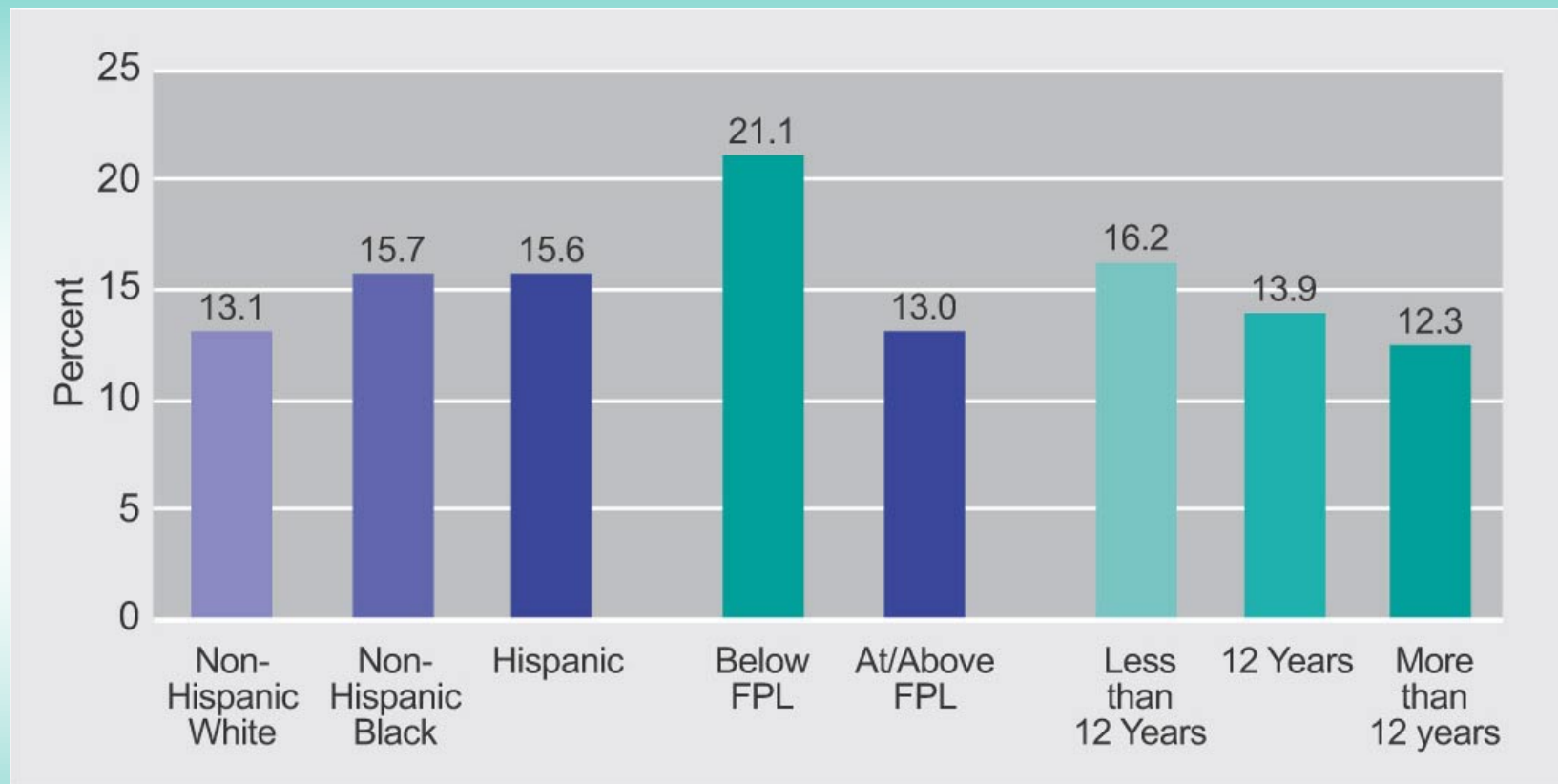
Data source: 1989 National Health Interview Survey Orofacial Pain Supplement, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 20 and older with acute orofacial pain by age group



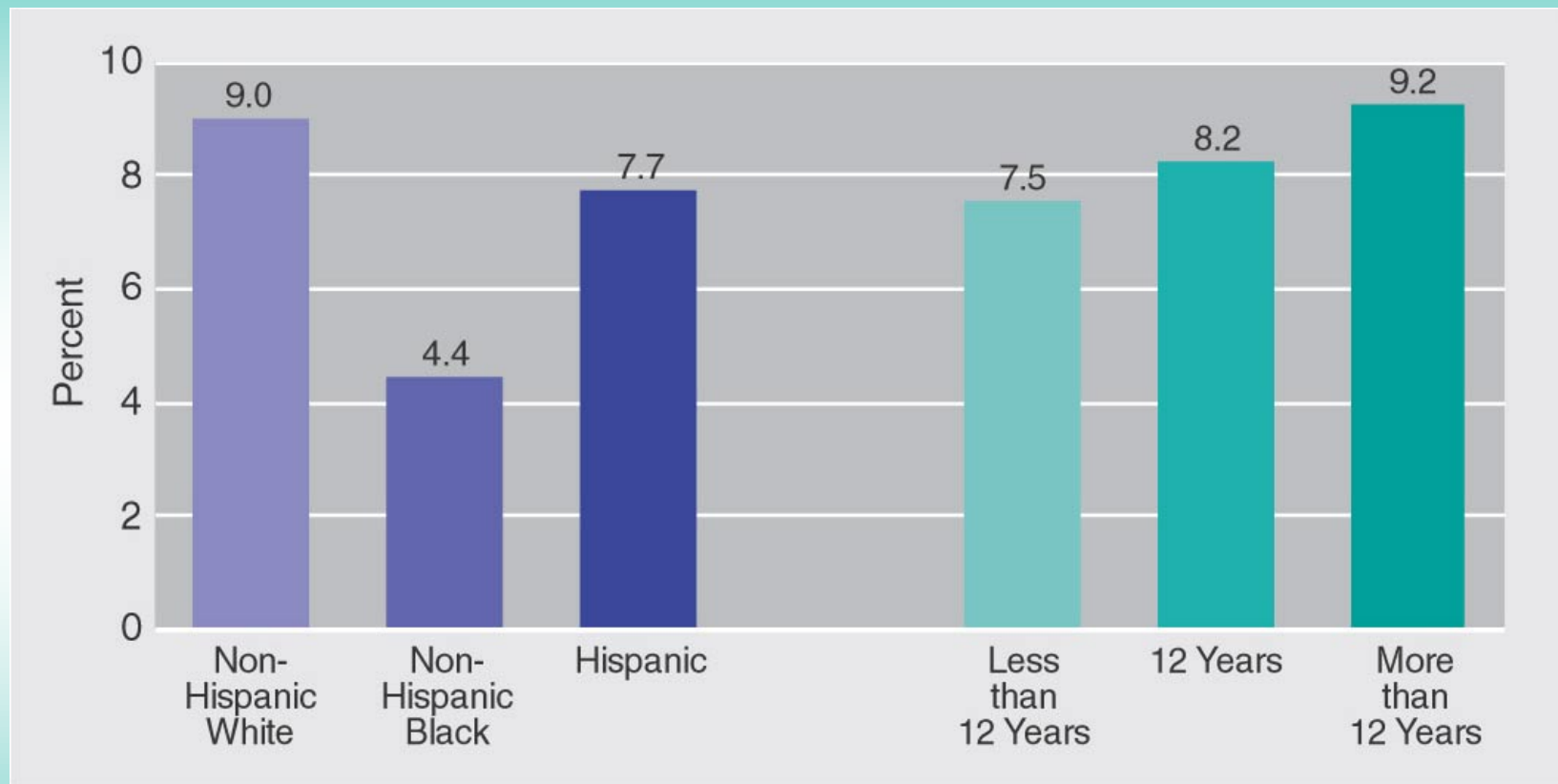
Data source: 1989 National Health Interview Survey Orofacial Pain Supplement, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 20 and older with tooth pain by race/ethnicity, federal poverty level (FPL) and education



Data source: 1989 National Health Interview Survey Orofacial Pain Supplement, National Center for Health Statistics, Centers for Disease Control and Prevention.

Percentage of adults aged 20 and older with mouth sores by race/ethnicity and education



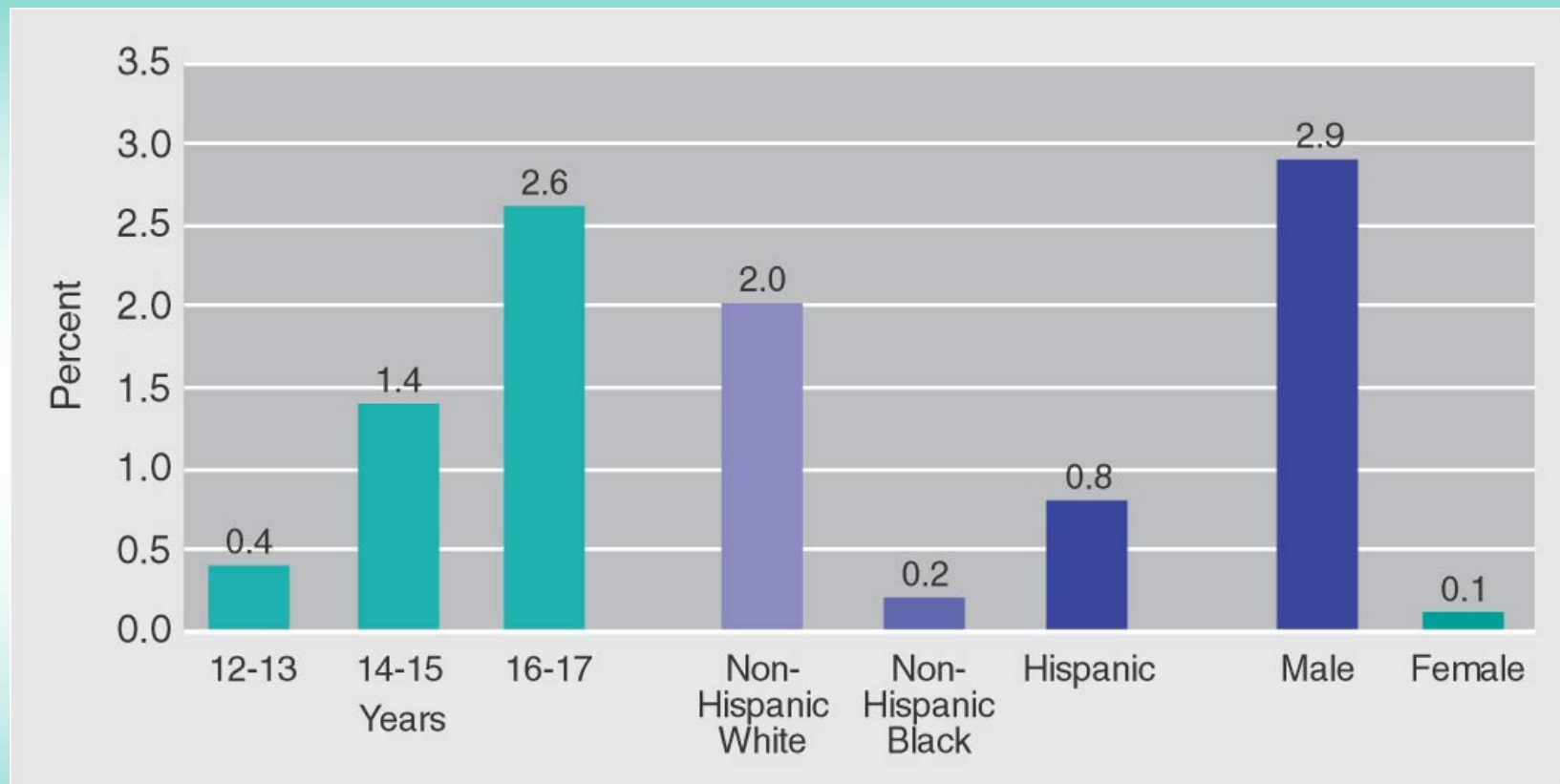
Data source: 1989 National Health Interview Survey Orofacial Pain Supplement, National Center for Health Statistics, Centers for Disease Control and Prevention.

Craniofacial injuries among emergency room visits by selected demographic characteristics



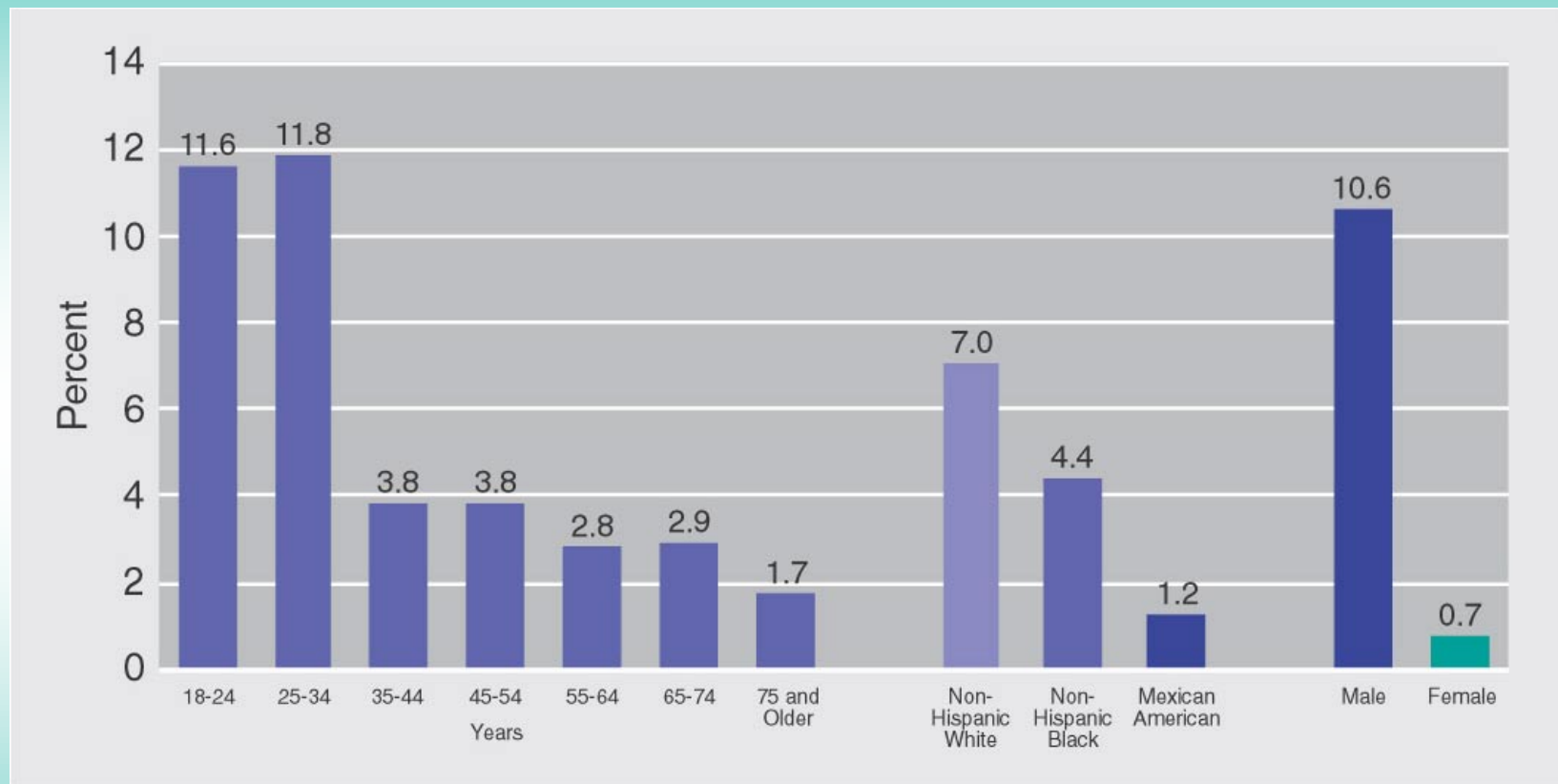
Data source: 1999 National Hospital Ambulatory Medical Care Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.

Smokeless tobacco lesions among 12- to 17-year-olds by selected demographic characteristics



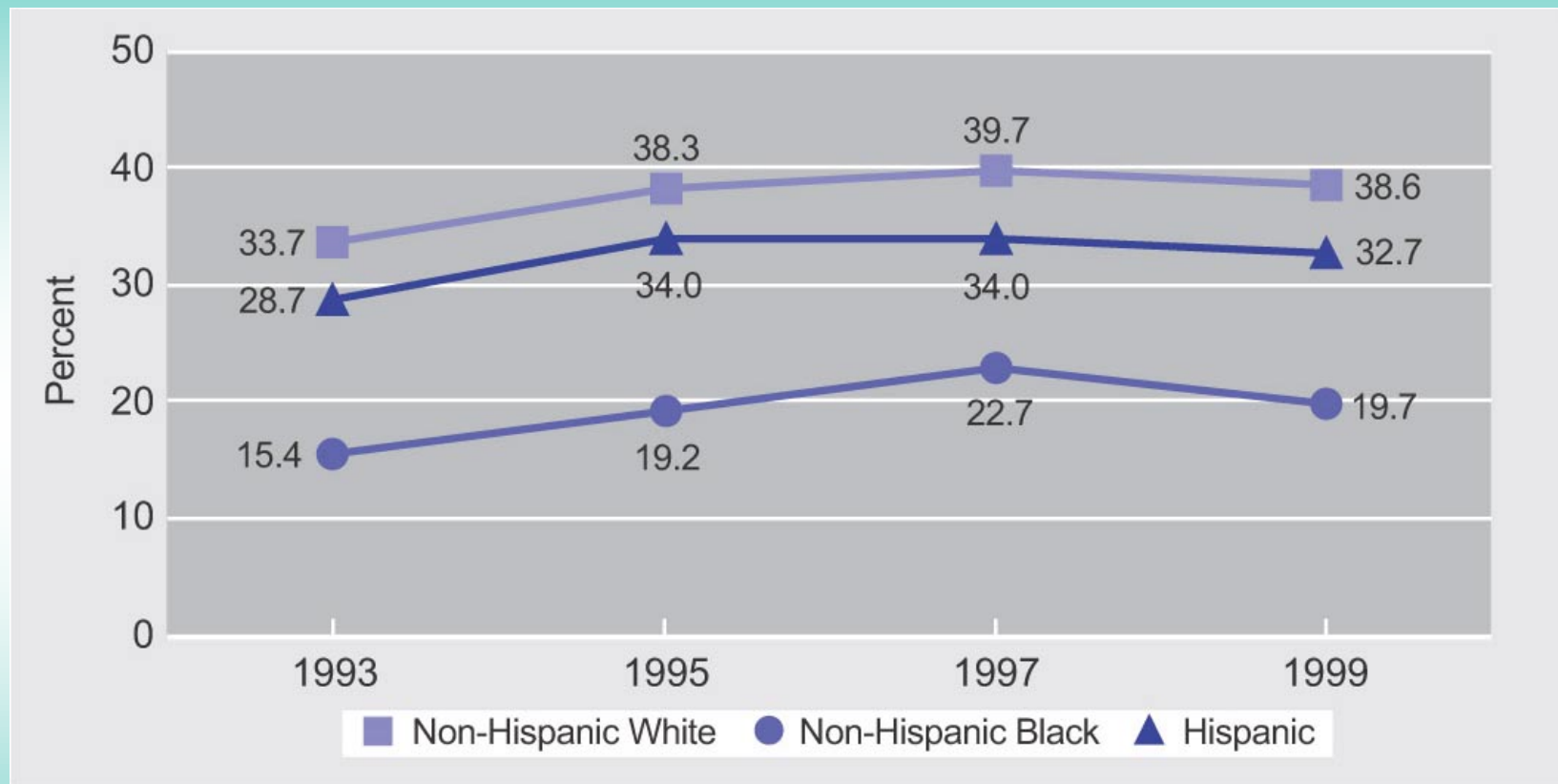
Source: The 1986-1987 National Survey of Oral Health in U.S. School Children, National Institute of Dental and Craniofacial Research, National Institutes of Health via Tomar SL, Winn DM, Swango PA, Giovino GA, Kleinman DV. Oral mucosal smokeless tobacco lesions among adolescents in the United States. *J Dent Res* 1997;76:1277-86, reprinted with permission from the *Journal of Dental Research*.

Smokeless tobacco lesions among adults aged 18 and older by selected demographic characteristics



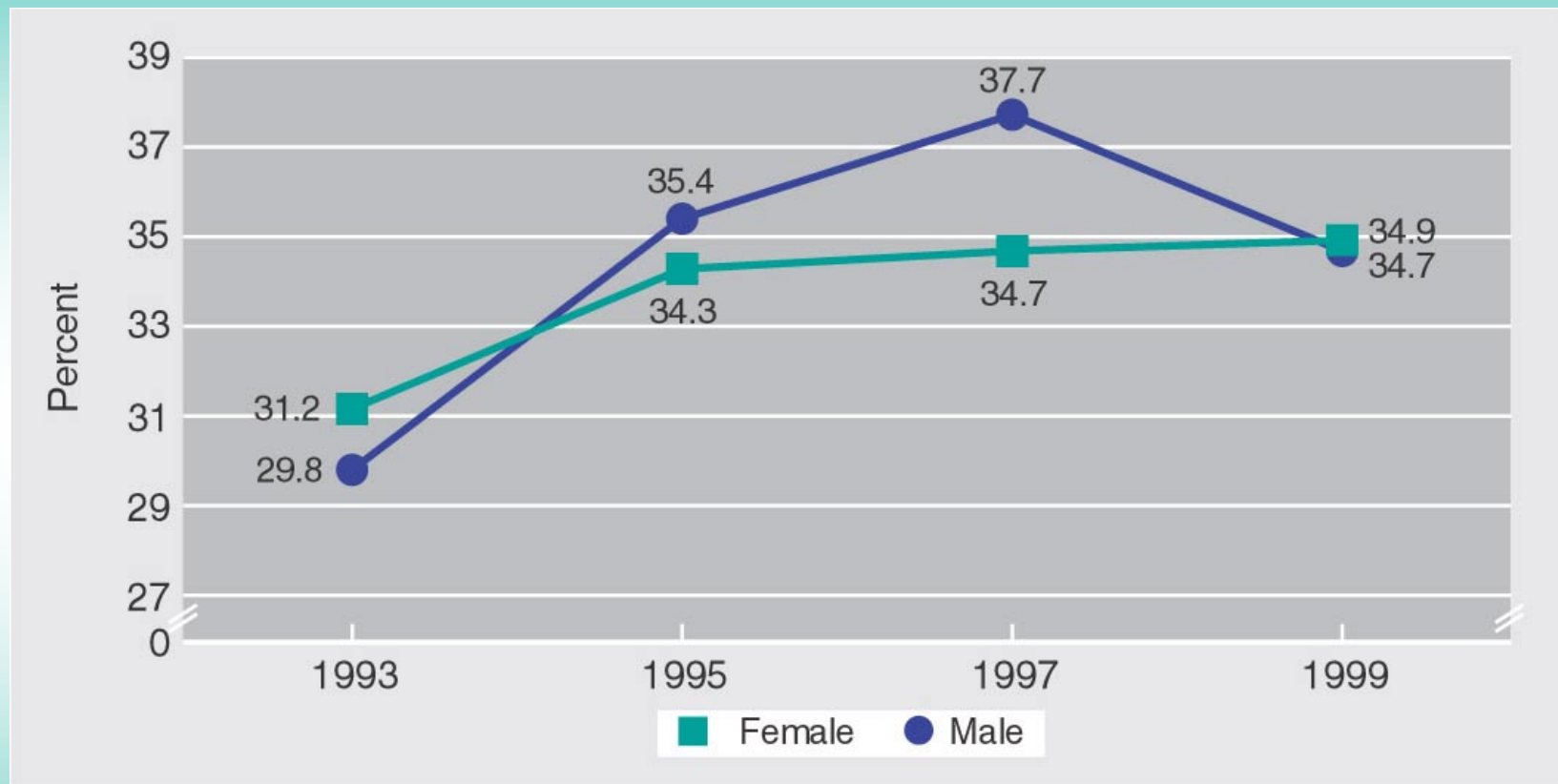
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Trends in prevalence of current cigarette smoking among U.S. high school students by race/ethnicity



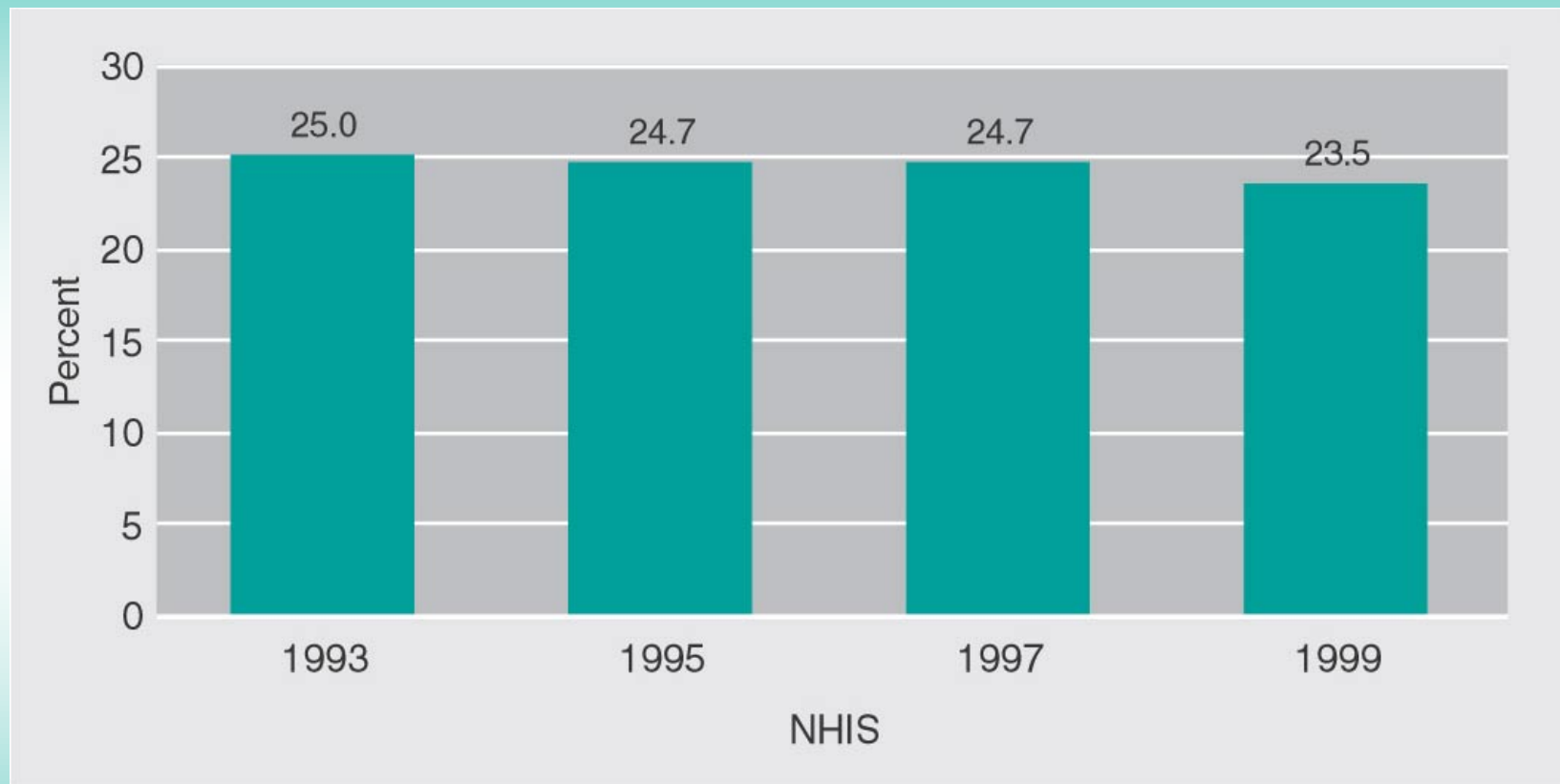
Data source: 1993, 1995, 1997, and 1999 Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention.

Trends in prevalence of current cigarette smoking among U.S. high school students by gender



Data source: 1993, 1995, 1997, and 1999 Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention.

Trends in prevalence of current cigarette smoking among U.S. adults



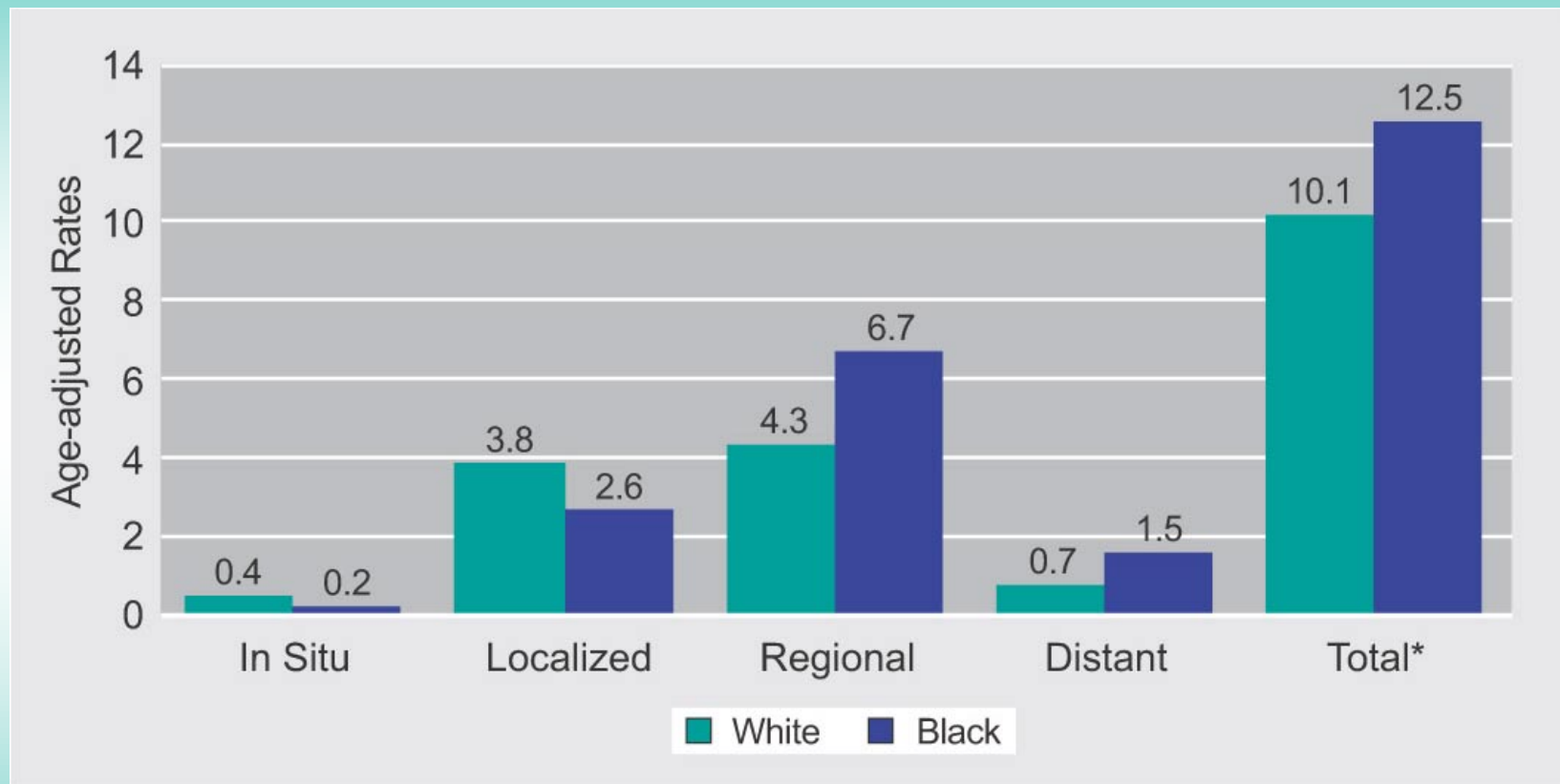
Data source: 1993, 1995, 1997, and 1999 National Health Interview Surveys, National Center for Health Statistics, Centers for Disease Control and Prevention.

Incidence rates for oral and pharyngeal cancers (1992-1997)



Data source: Surveillance, Epidemiology, and End Results (SEER) 11 Registries Public-Use, August 1999 Submission (1992-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

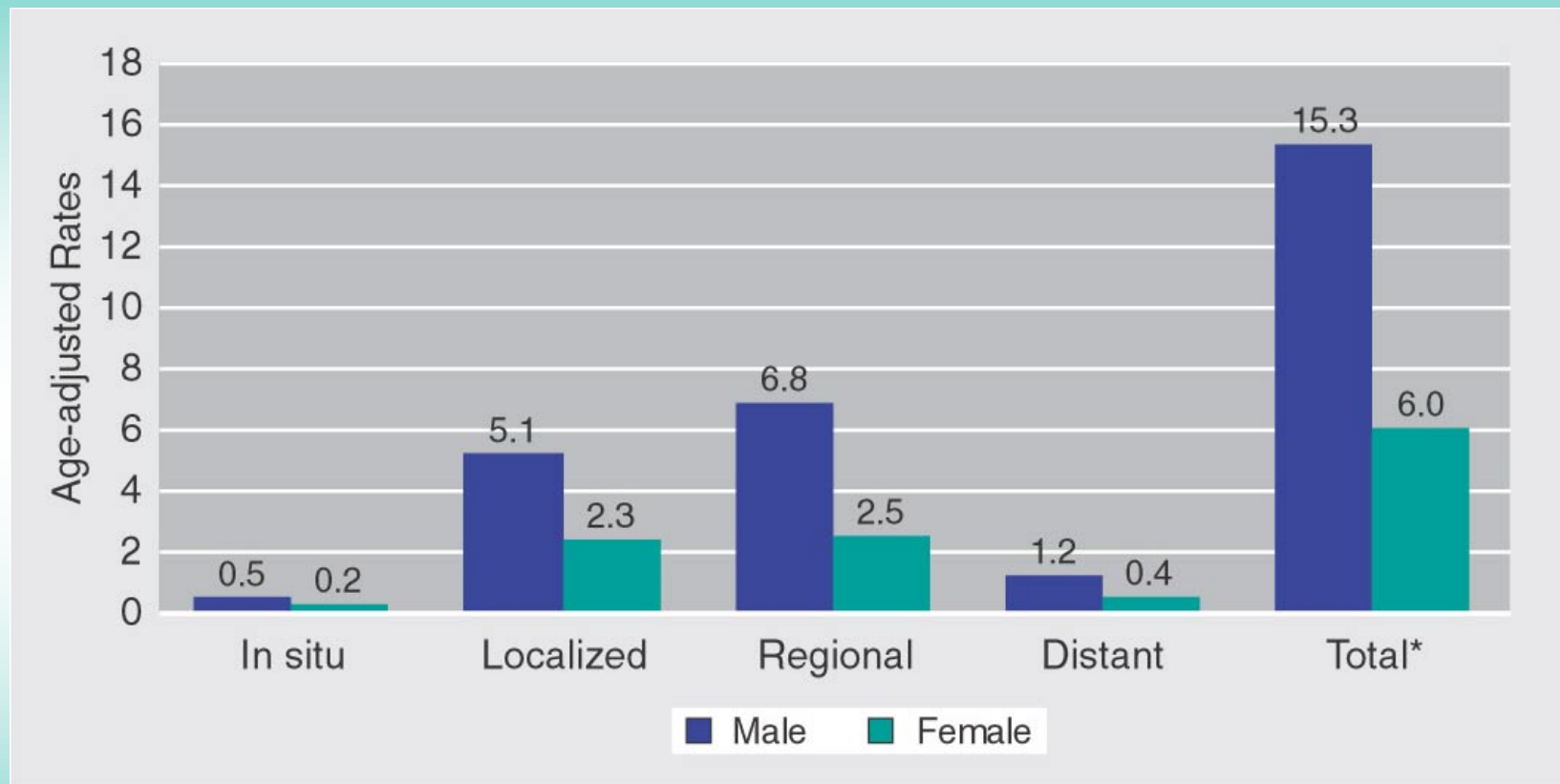
Incidence rates for oral and pharyngeal cancers (1992-1997) by stage at diagnosis and race/ethnicity



* The totals in this figure include the unstaged cancers.

Data source: Surveillance, Epidemiology, and End Results (SEER) 11 Registries Public-Use, August 1999 Submission (1992-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

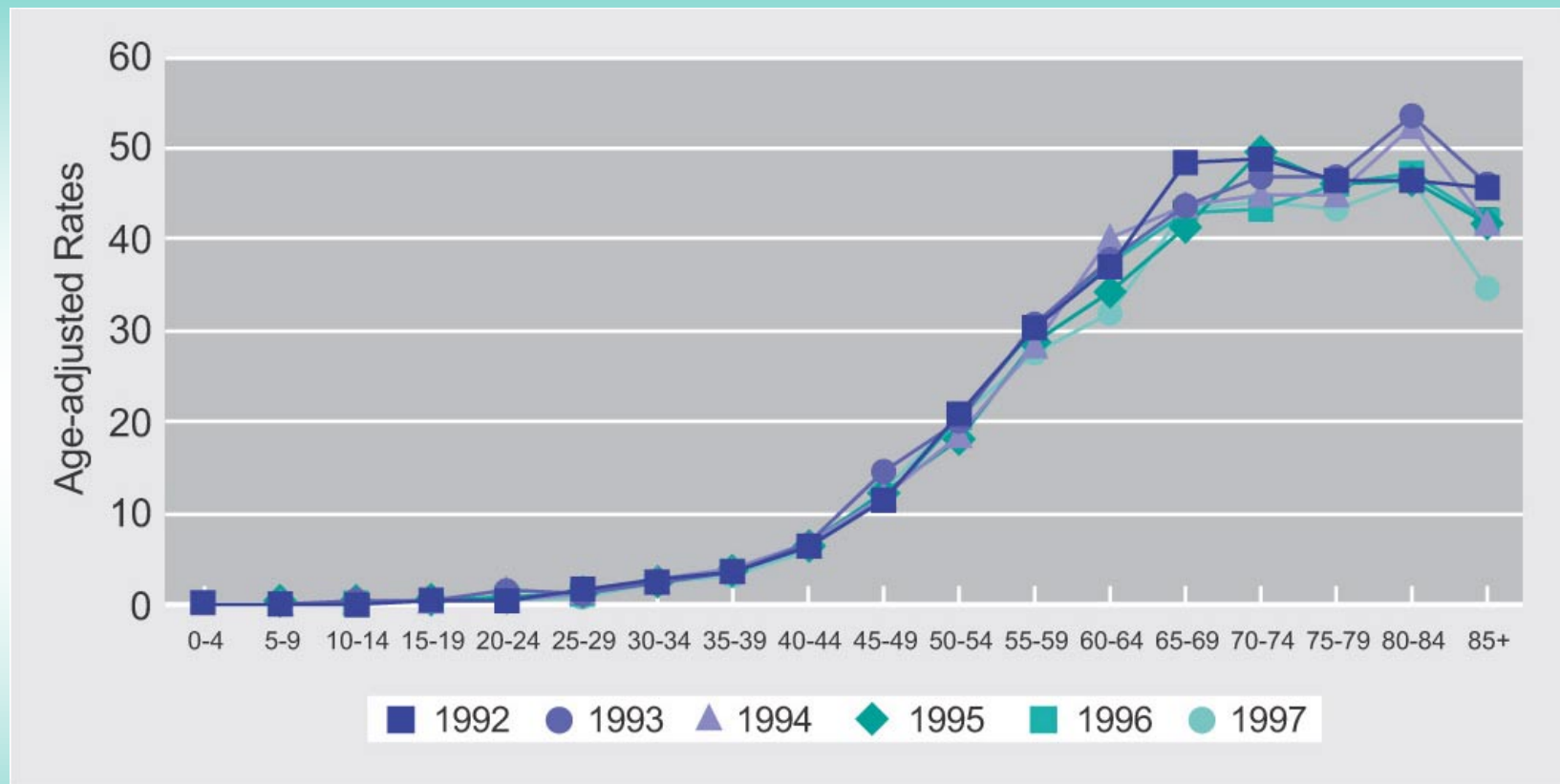
Incidence rates for oral and pharyngeal cancers (1992-1997) by stage at diagnosis and gender



* The totals in this figure include the unstaged cancers.

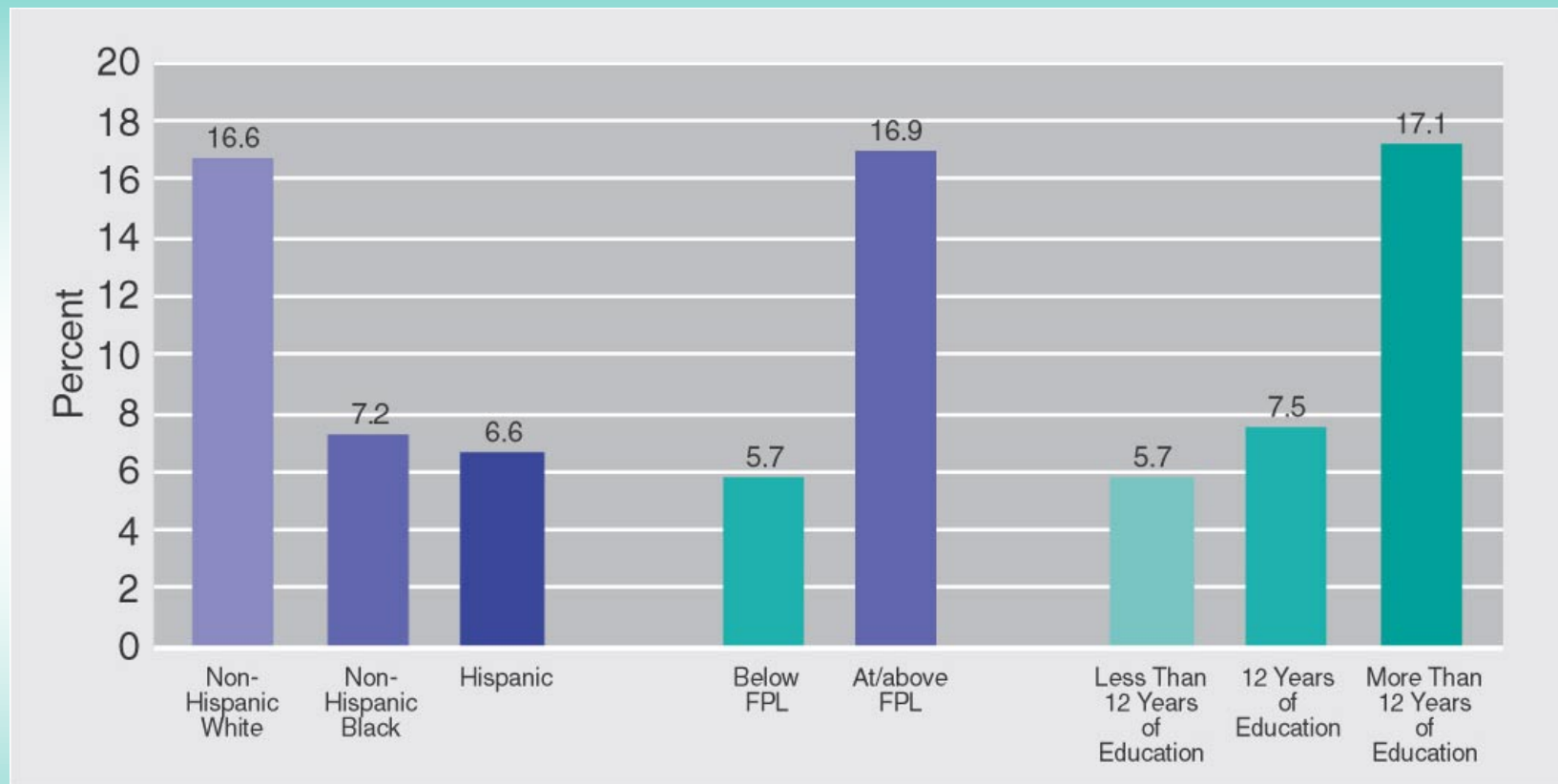
Data source: Surveillance, Epidemiology, and End Results (SEER) 9 Registries Public-Use, August 1999 Submission (1993-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

Incidence rates for oral and pharyngeal cancers (1992-1997) by age group



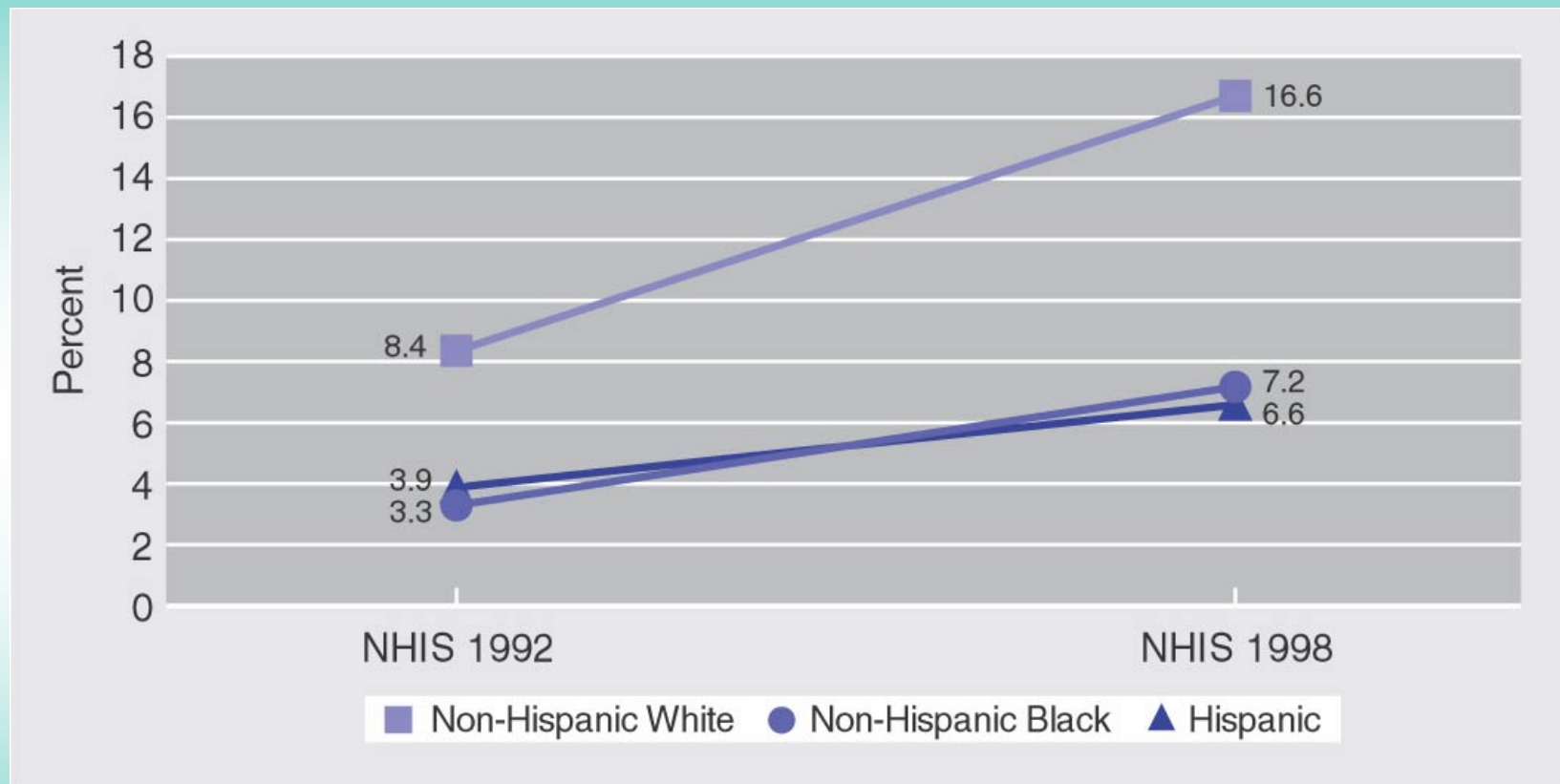
Data source: Surveillance, Epidemiology, and End Results (SEER) 11 Registries Public-Use, August 1999 Submission (1992-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

Percentage of adults aged 40 and older who reported having had an oral cancer examination in the past year



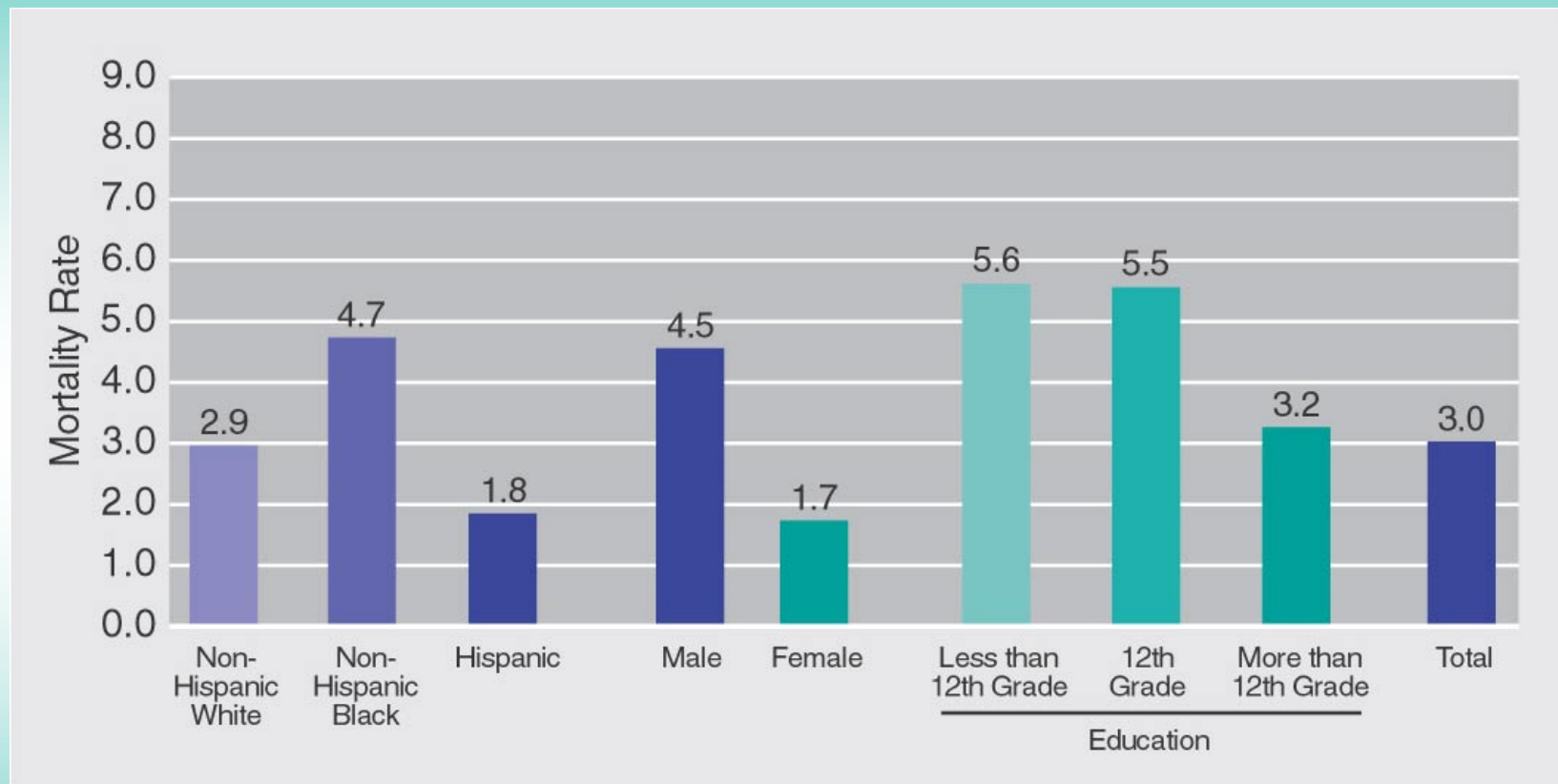
Data source: 1998 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.

Trends in percentage of adults aged 40 and older who reported having had an oral cancer examination in the past year by race/ethnicity



Data source: 1992 and 1998 National Health Interview Surveys, National Center for Health Statistics, Centers for Disease Control and Prevention.

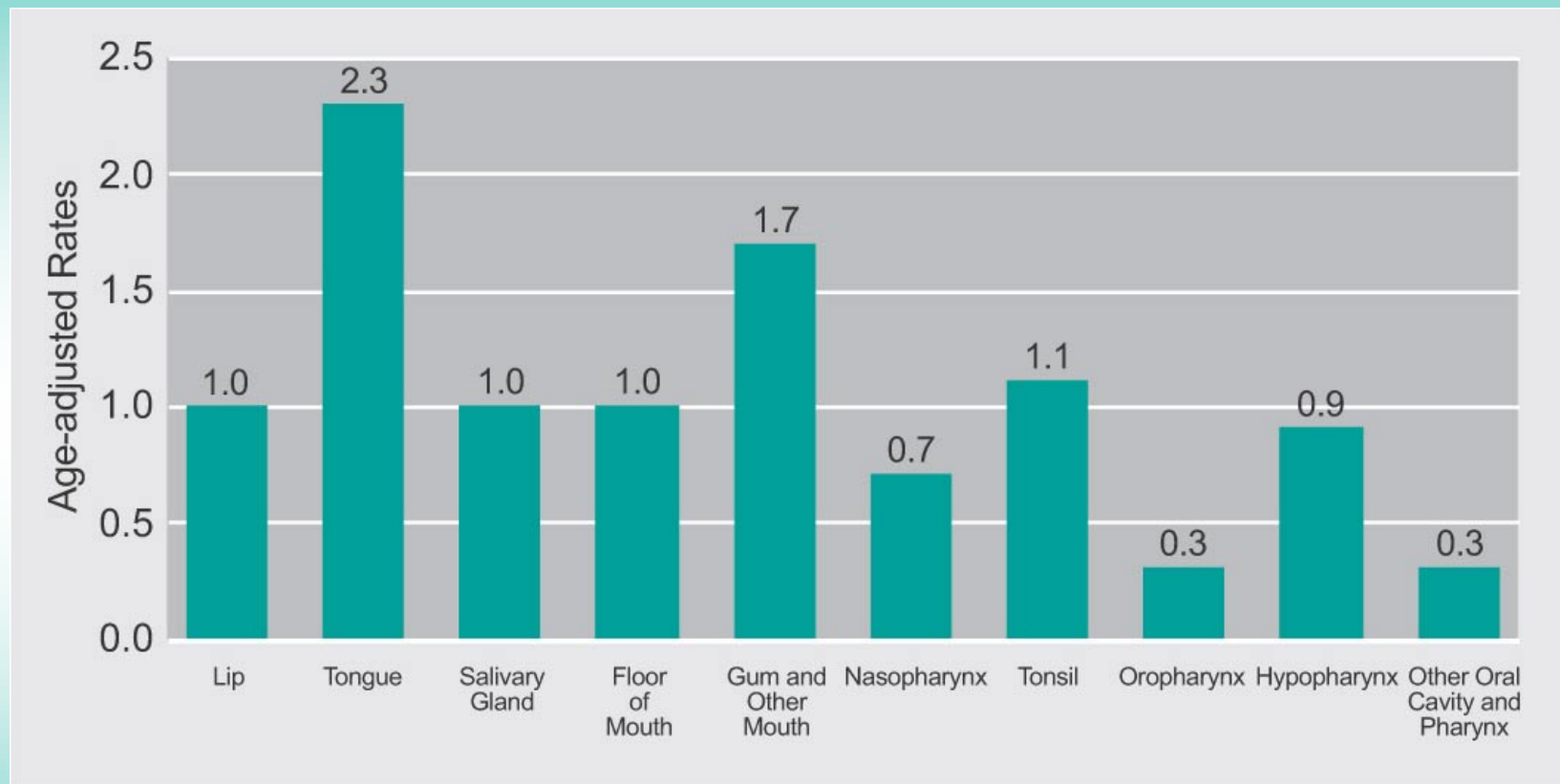
Oral and pharyngeal cancer deaths (per 100,000*) in 1998 by race/ethnicity, gender and education



* Age adjusted to the year 2000 U.S. standard population.

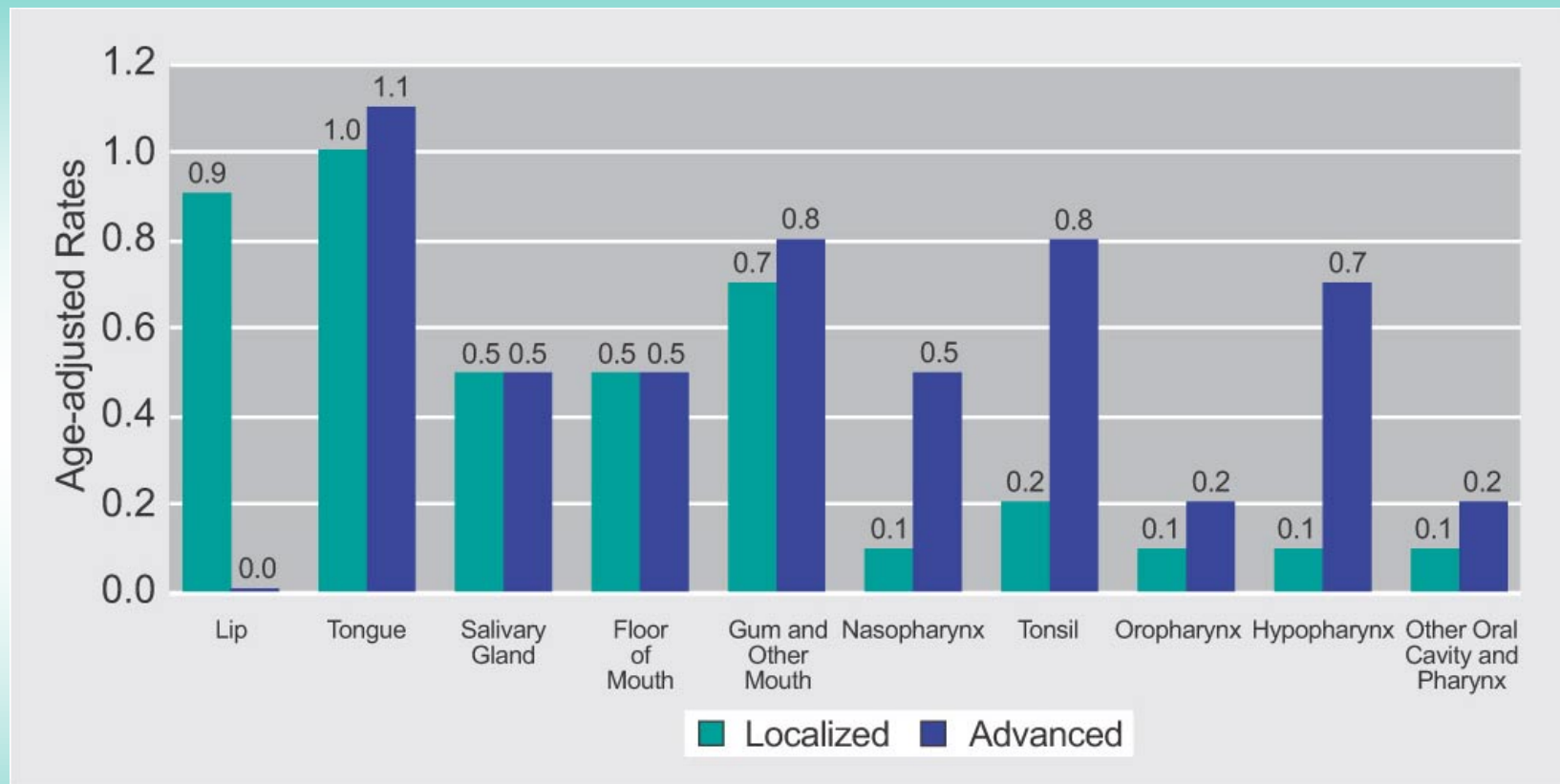
Data source: 1998 National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention.

Incidence rates for oral and pharyngeal cancers by sites



Data source: Surveillance, Epidemiology, and End Results (SEER) 11 Registries Public-Use, August 1999 Submission (1992-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

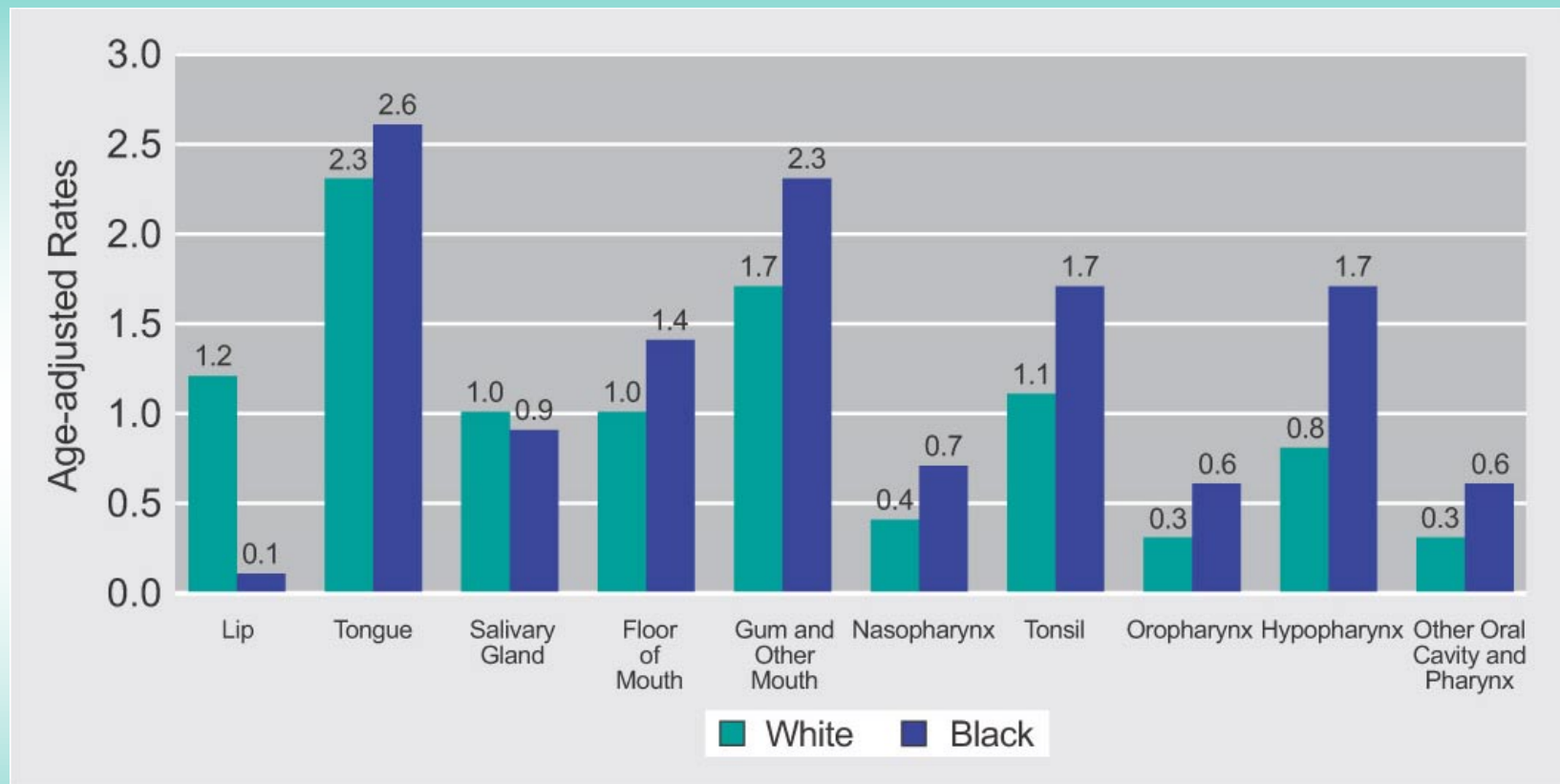
Incidence rates for oral and pharyngeal cancers by site and stage* at diagnosis



* The SEER stages of In Situ and Localized are combined into Localized; Regional and Distant stages are combined into Advanced.

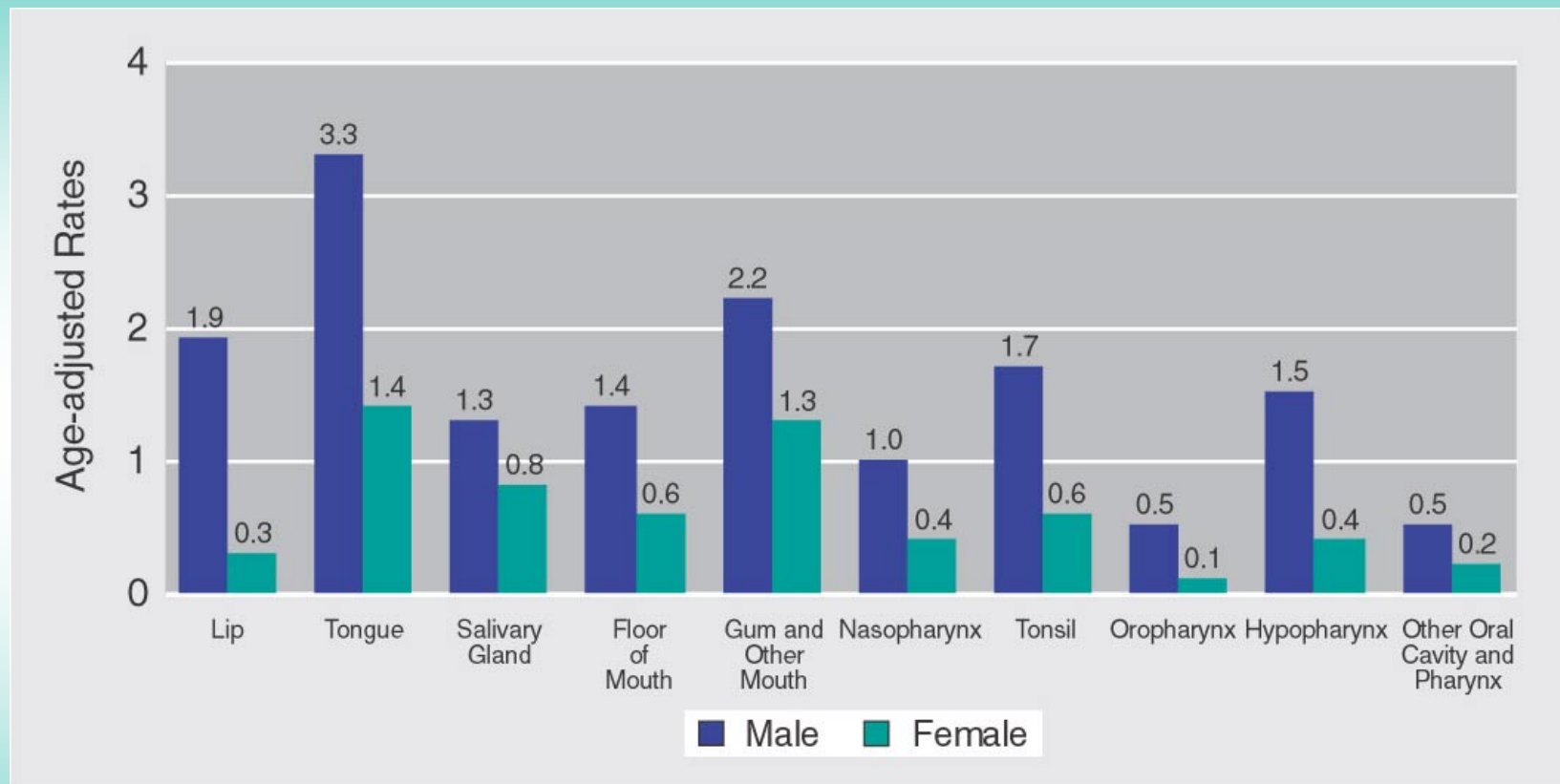
Data source: Surveillance, Epidemiology, and End Results (SEER) 11 Registries Public-Use, August 1999 Submission (1992-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

Incidence rates for oral and pharyngeal cancers by site and race



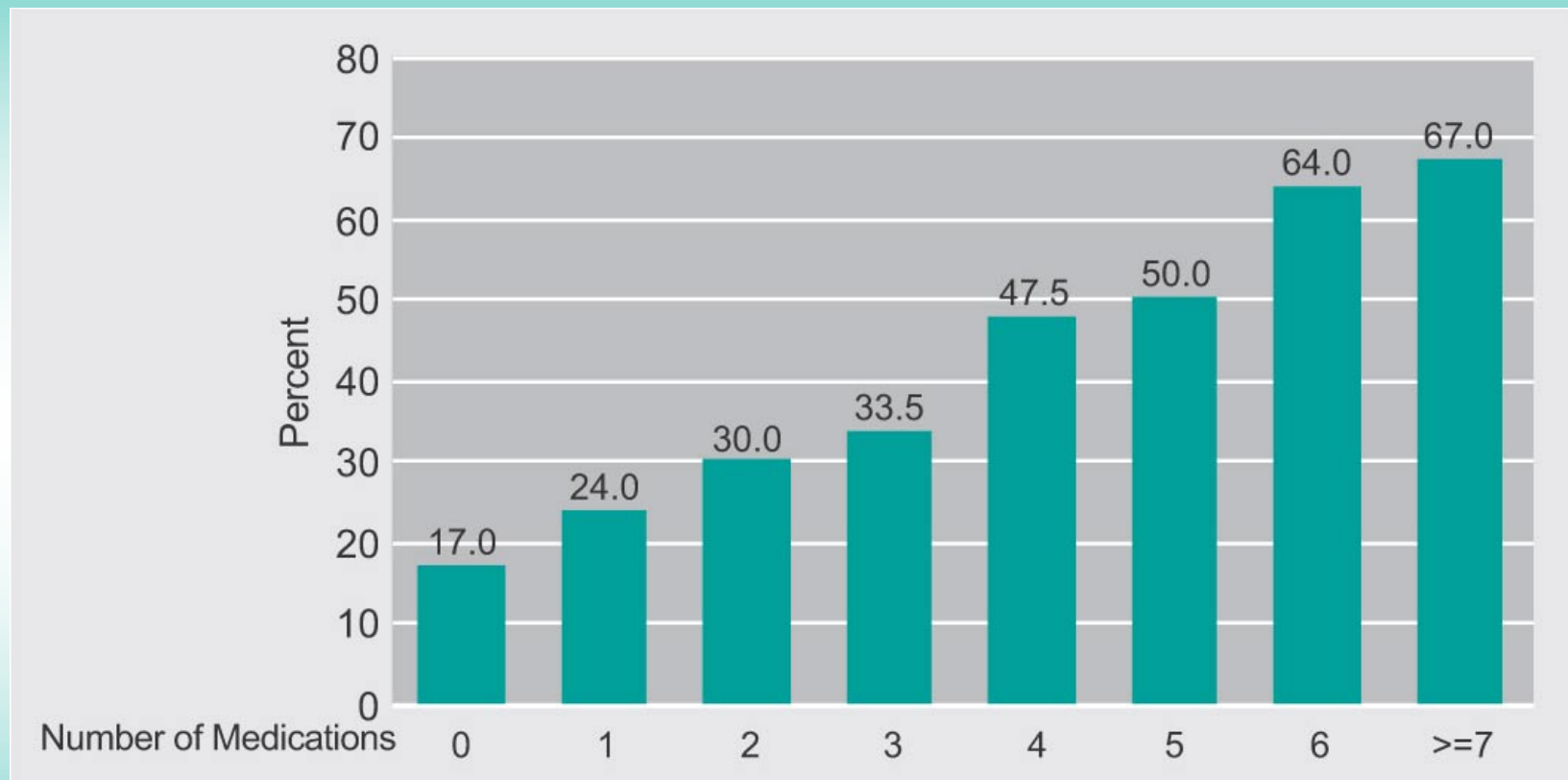
Data source: Surveillance, Epidemiology, and End Results (SEER) 11 Registries Public-Use, August 1999 Submission (1992-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

Incidence rates for oral and pharyngeal cancers by site and gender



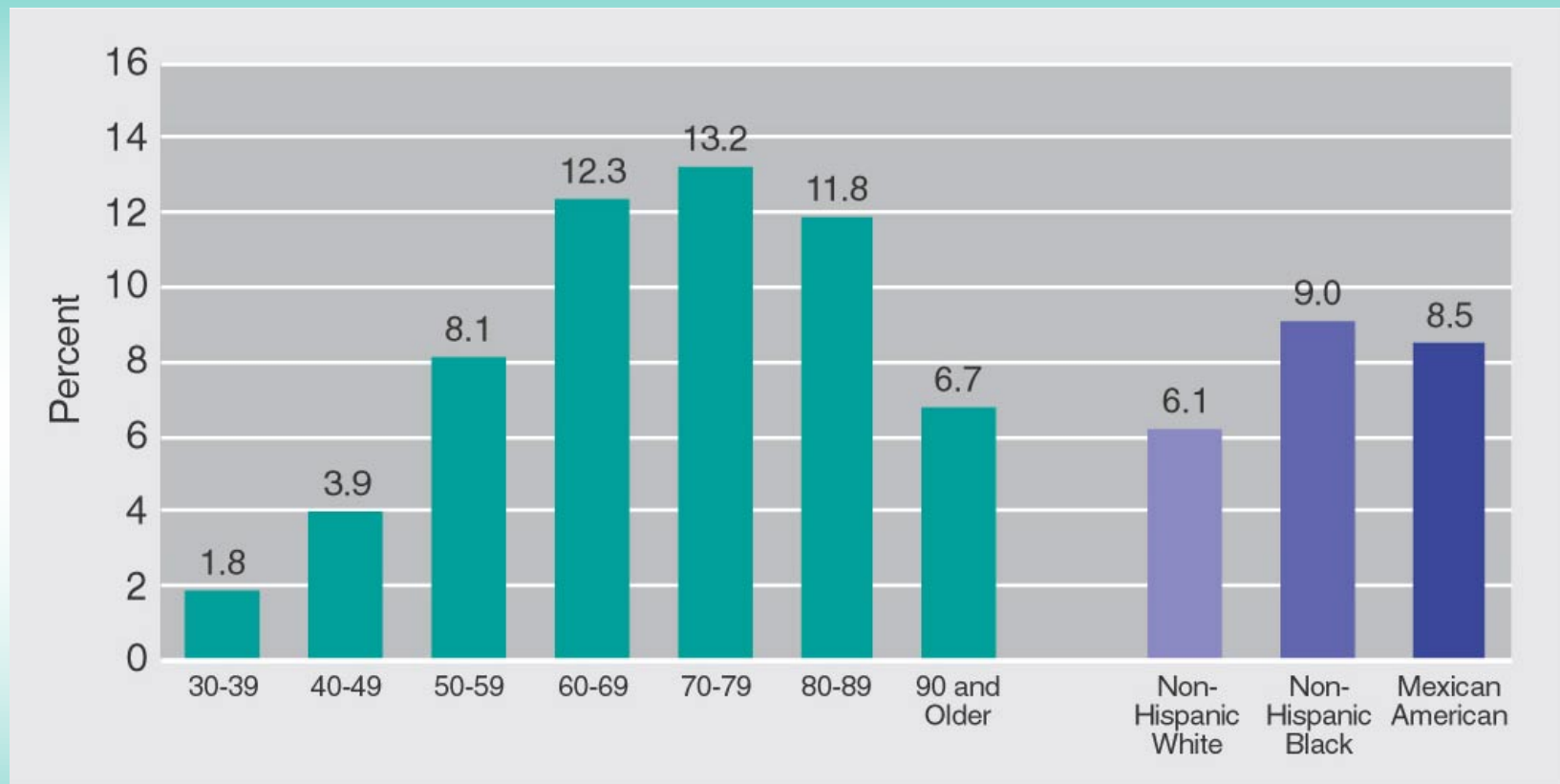
Data source: Surveillance, Epidemiology, and End Results (SEER) 11 Registries Public-Use, August 1999 Submission (1992-1997). The rates are per 100,000 and are age-adjusted to the 1970 U.S. standard population.

Prevalence of reported xerostomia among subjects aged 20 to 80 years by number of medications taken



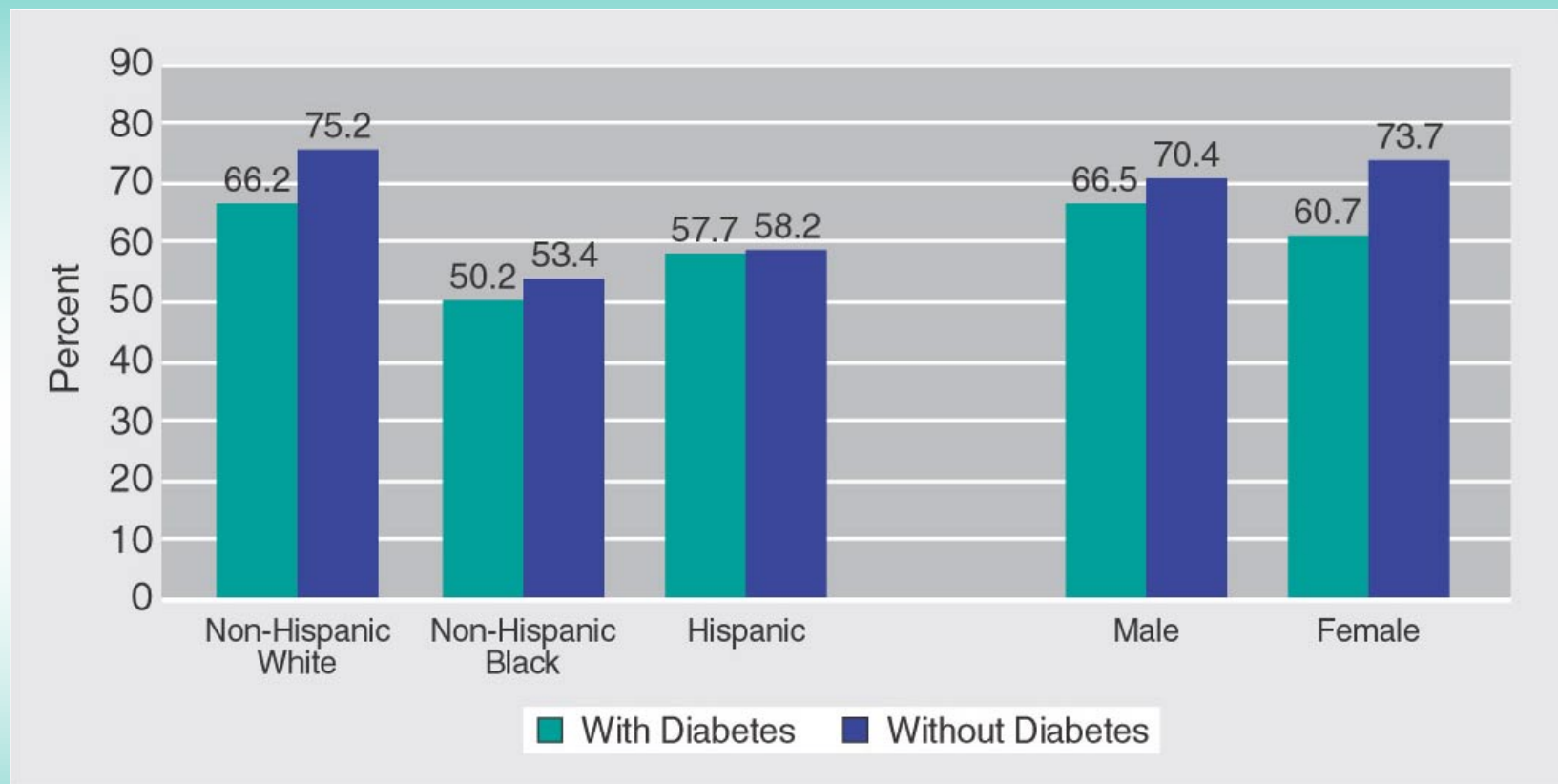
Source: Nederfors T, Isaksson R, Mornstad H, Dahlof C. Prevalence of perceived symptoms of dry mouth in an adult Swedish population—relation to age, sex and pharmacotherapy. *Community Dent Oral Epidemiol* 1997;25:211-6. Materials used with the permission of Blackwell Publishing.

Percentage of persons with diabetes among adults aged 30 and older by age group and race/ethnicity



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

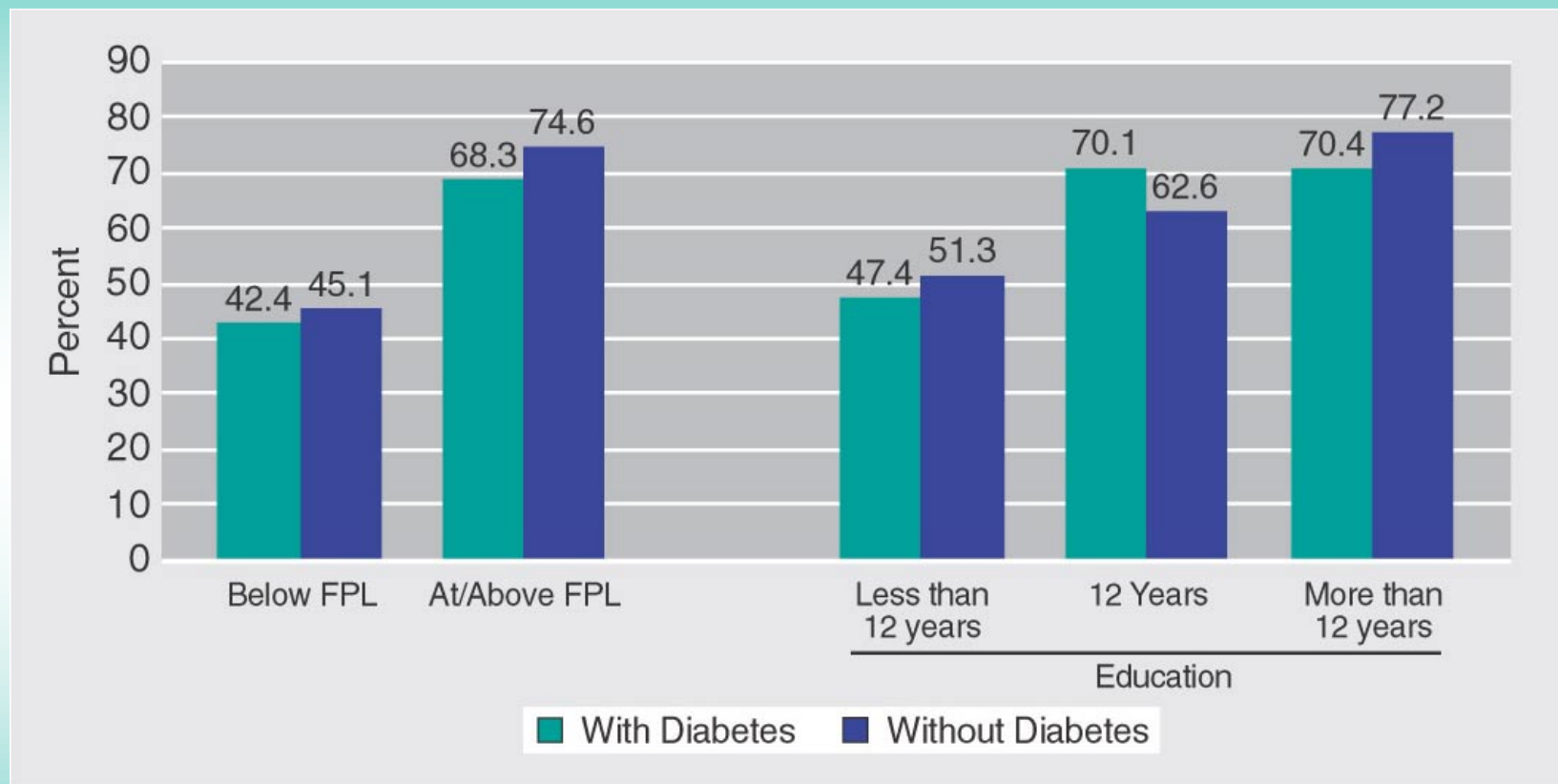
Percentage of dentate adults aged 50 and older with and without diabetes who visited a dentist* within the past year by race/ethnicity and gender



*Types of dentists include dental hygienists, orthodontists, oral surgeons, and all other dental specialists.

Data source: 1998 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.

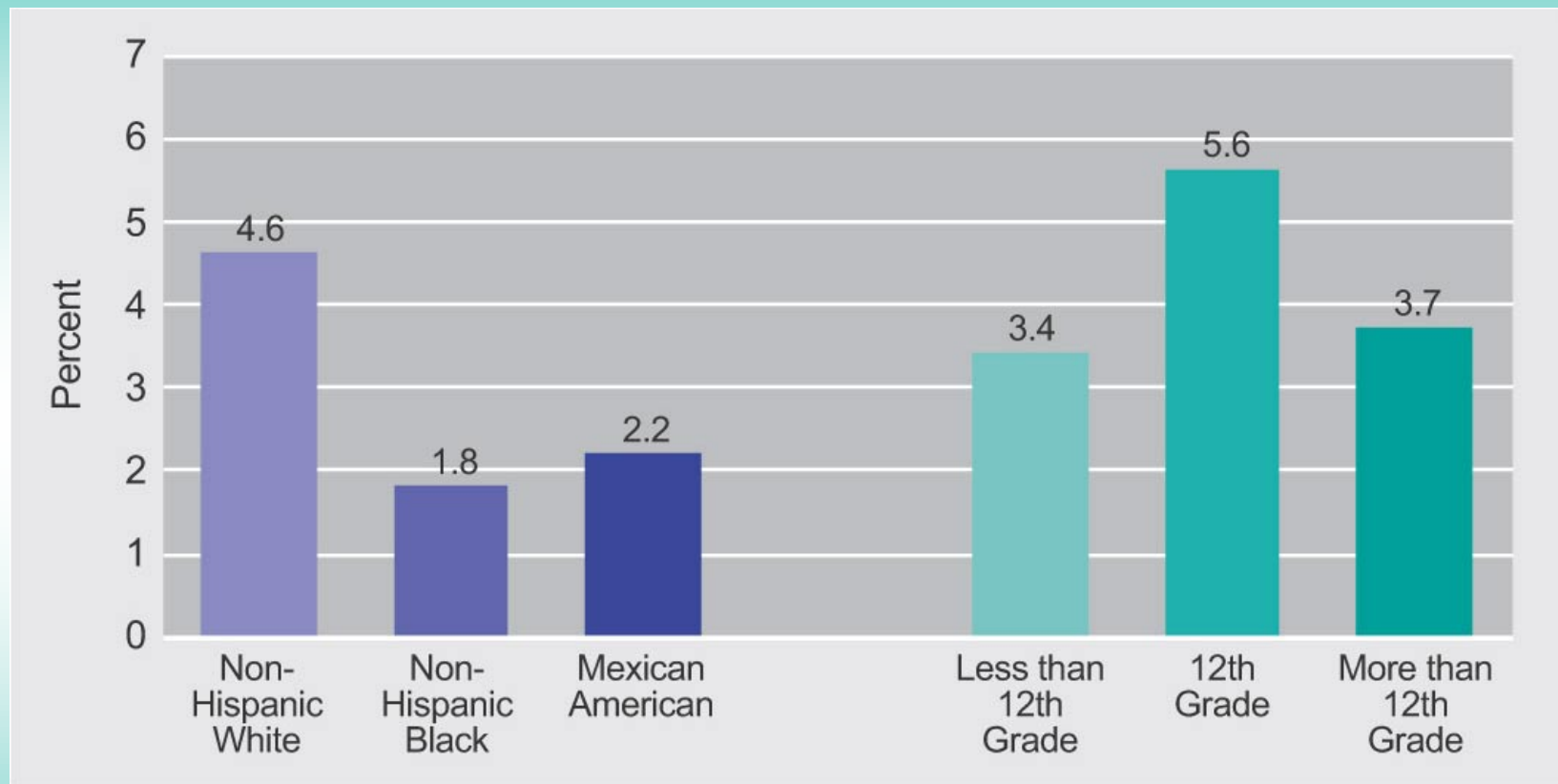
Percentage of dentate adults aged 50 and older with and without diabetes who visited a dentist* within the past year by federal poverty level (FPL) and education



* Types of dentists include dental hygienists, orthodontists, oral surgeons, and all other dental specialists.

Data source: 1998 National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.

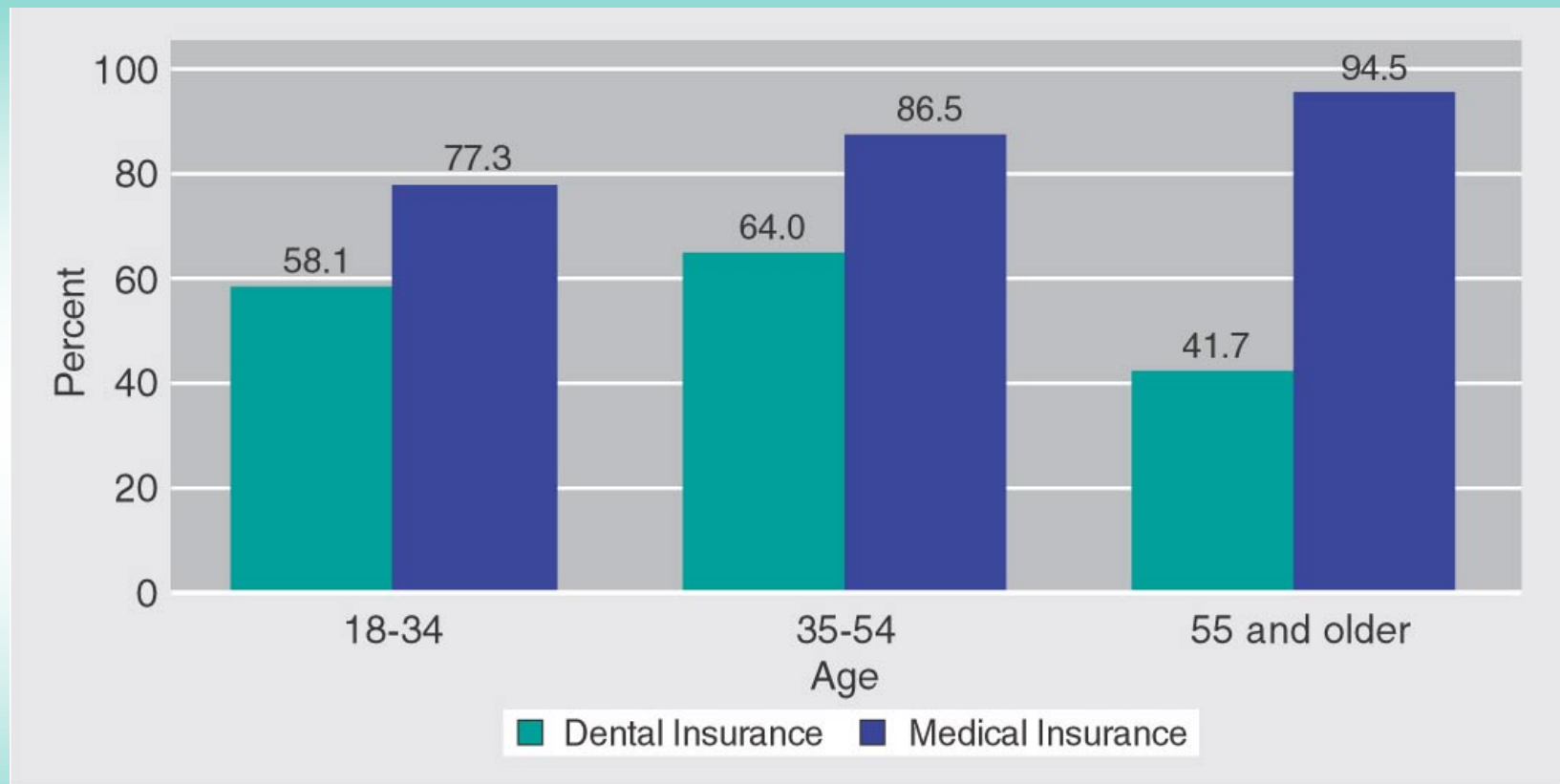
Prevalence of osteoporosis per 100 persons aged 45 and older by race/ethnicity and education



Note: Age standardized to the year 2000 U.S. population.

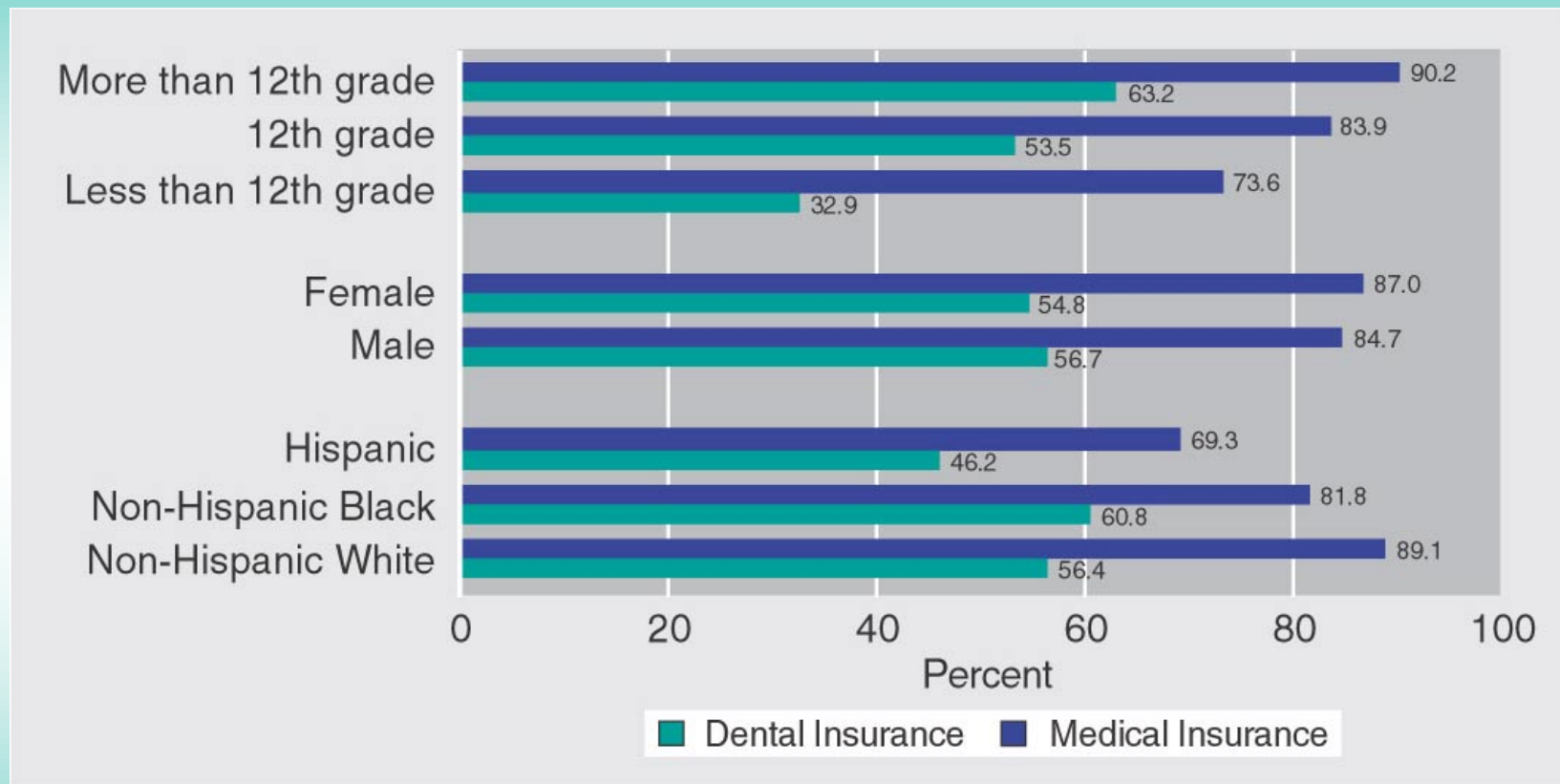
Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Insurance coverage among adults aged 18 and older by age



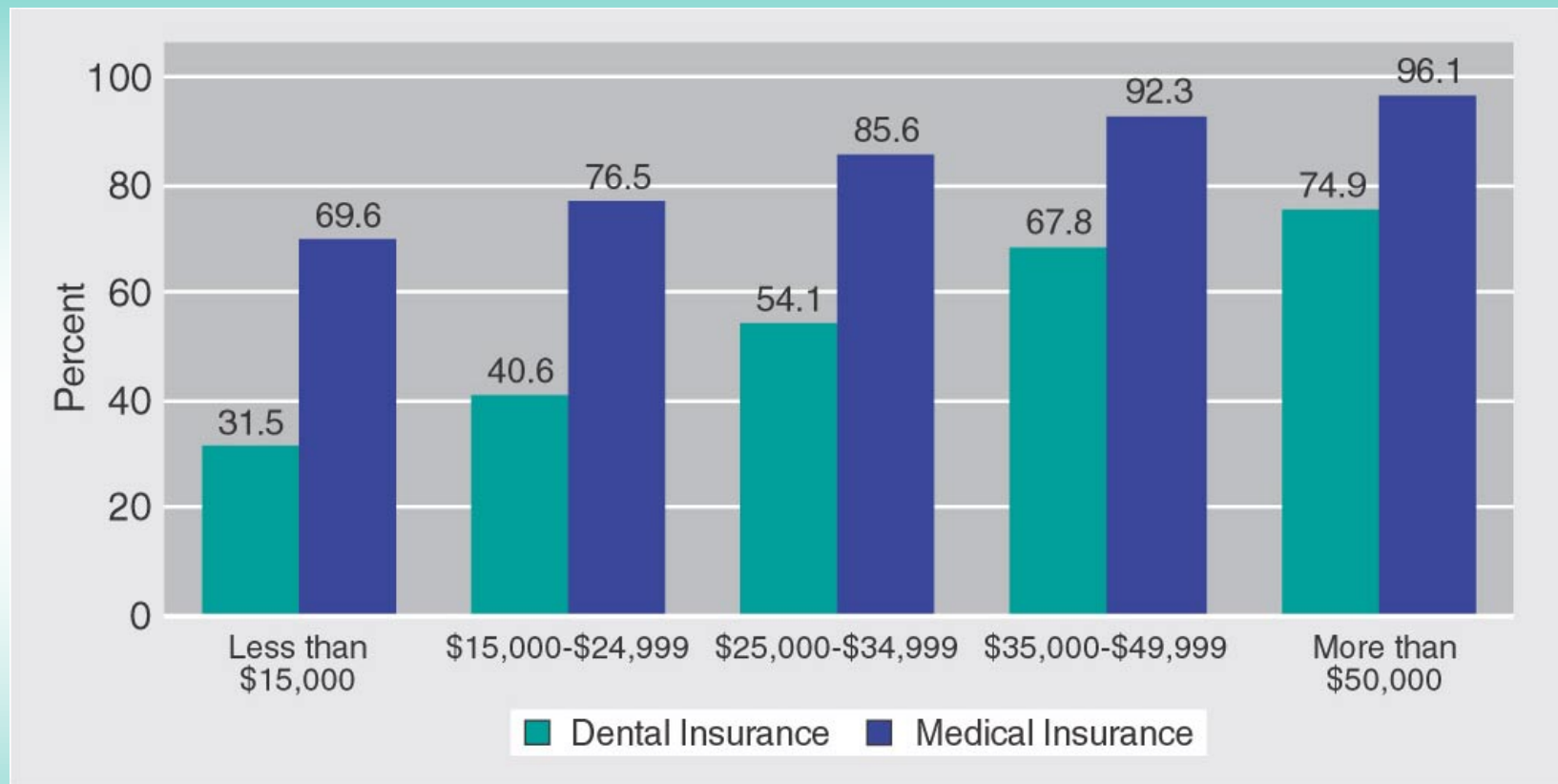
Data source: 1997 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Insurance coverage among adults aged 18 and older by selected demographic characteristics



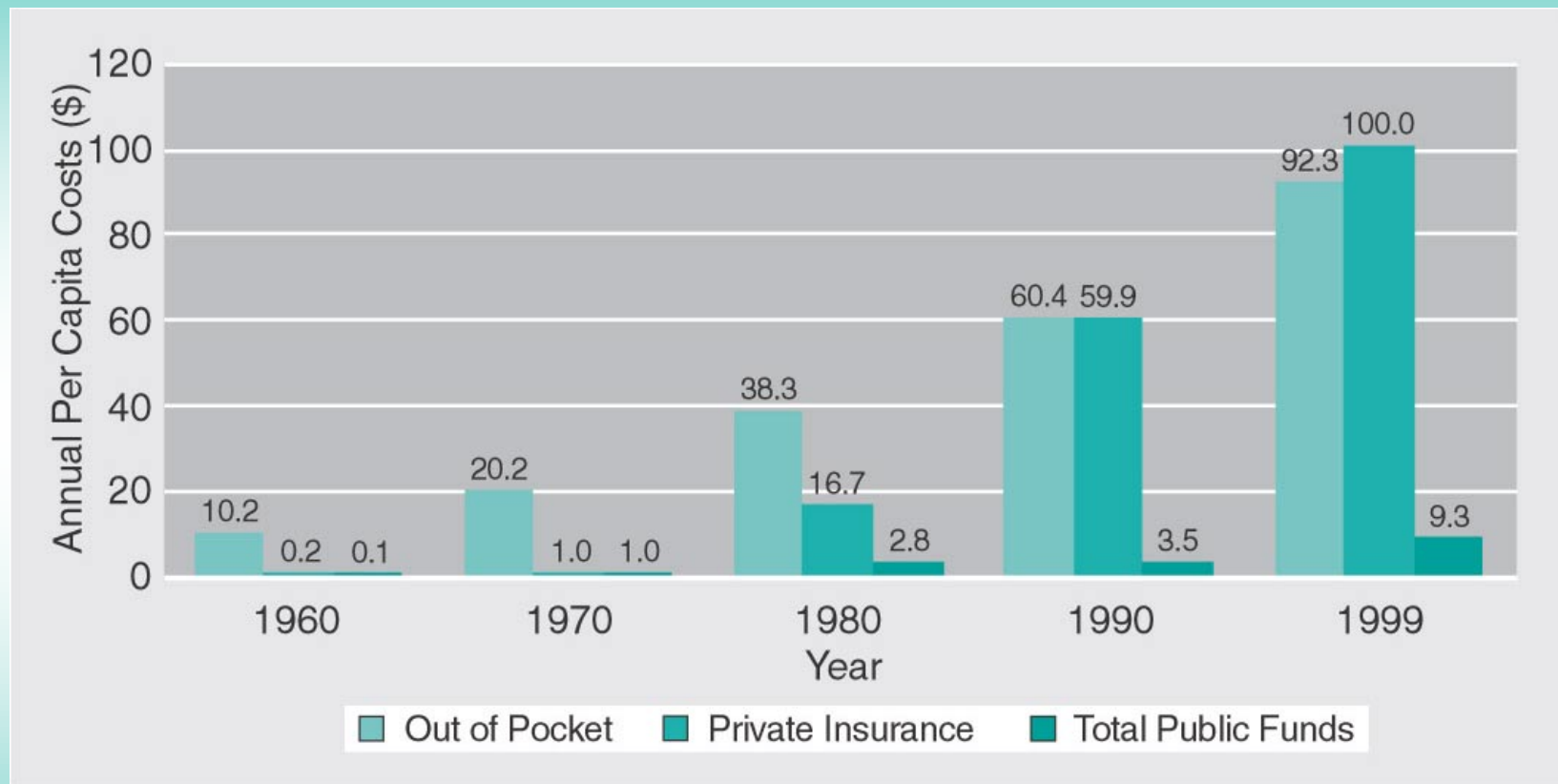
Data source: 1997 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Insurance coverage among adults aged 18 and older by annual family income



Data source: 1997 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

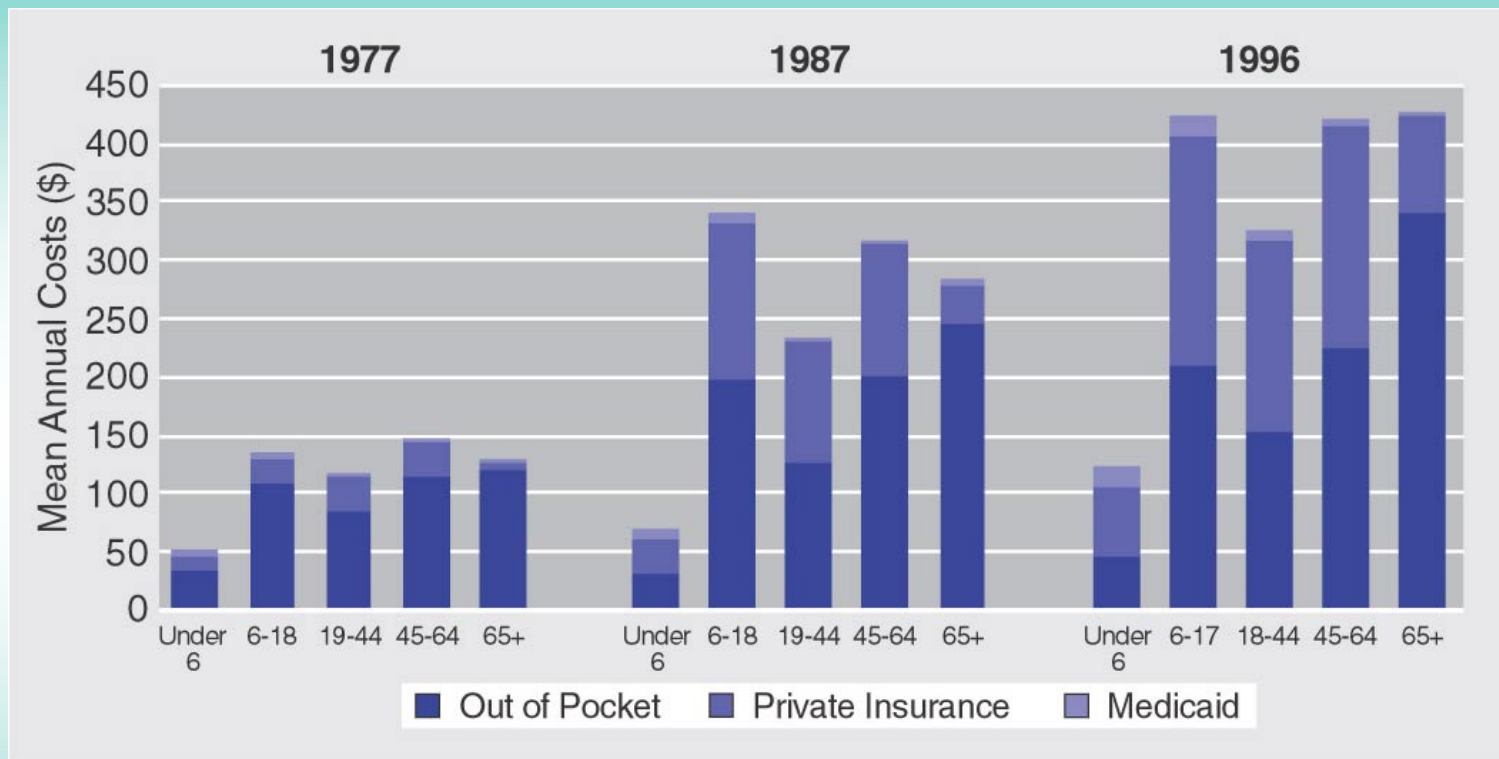
Trends in annual per capita costs for dental services by year and source of payment, 1960-1999



Notes: (1) Dental services include services provided in establishments operated by a doctor of dental medicine (D.M.D.) or doctor of dental surgery (D.D.S.) or doctor of dental science (D.D.Sc.). These establishments are classified as NAICS 6213 Offices of Dentists or SIC 802-Offices and clinics of dentists; (2) private insurance includes other private revenues including philanthropy; (3) per capita cost calculations based on total population, including those with and without dental expense.

Data source: Centers for Medicare and Medicaid Services, Office of the Actuary: National Health Statistics Group and U.S. Census Bureau, 2001, National Health Accounts.

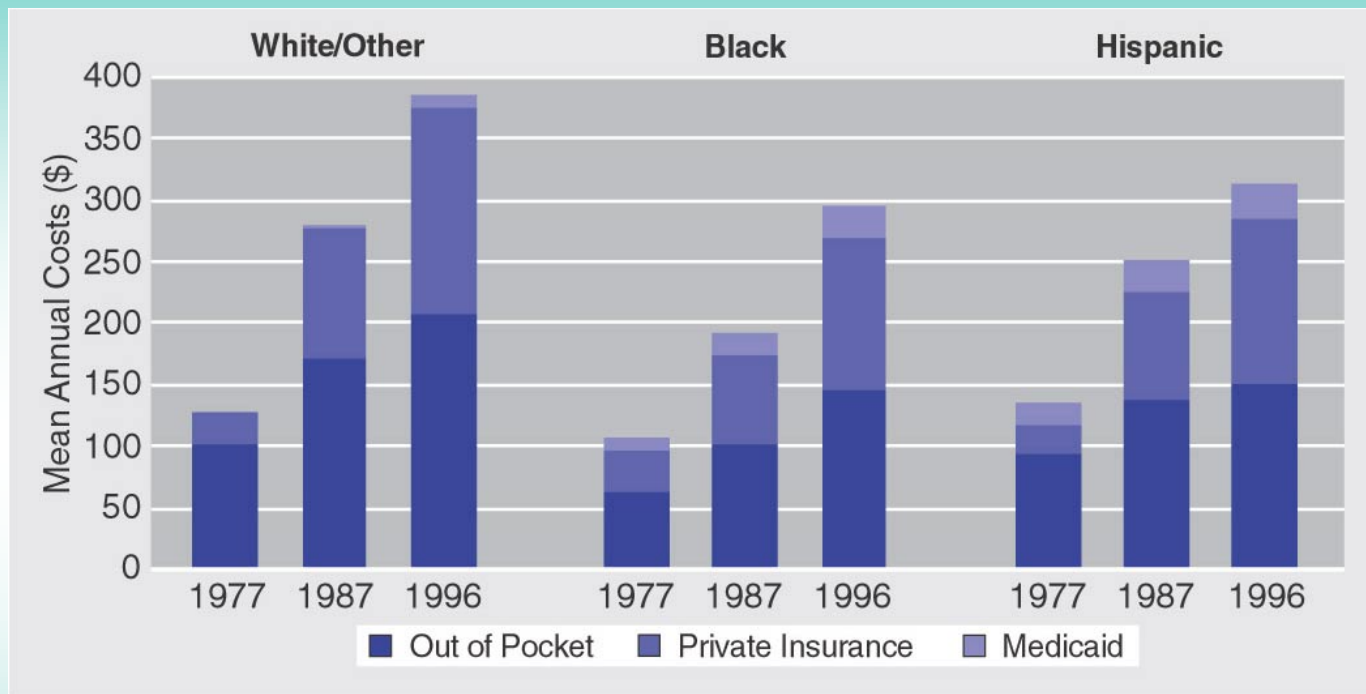
Mean annual dental care expense by age group and source of payment, 1977, 1987, and 1996



Note: Mean annual dental expense was calculated only among those with dental expenses. For further definitions, see Table 16.2.2-16.2.4 footnotes.

Sources: Moeller J, Levy H. Dental services: a comparison of use, expenditures, and sources of payment, 1977 and 1987. Rockville, MD: Agency for Healthcare Research and Quality, 1996; AHCPH Pub. No. 96-0005. National Medical Expenditure Survey Research Findings 26; Manski RJ, Moeller JC, Maas WR. Dental Services: use, expenditures and sources of payment, 1987. J Am Dent Assoc 1999; 130(4):500-8. Copyright © 1999 American Dental Association. Adapted 2002 with permission of ADA Publishing, a Division of ADA Business Enterprises, Inc.; and Medical Expenditure Panel Survey Household Component, 1996, Agency for Healthcare Research and Quality.

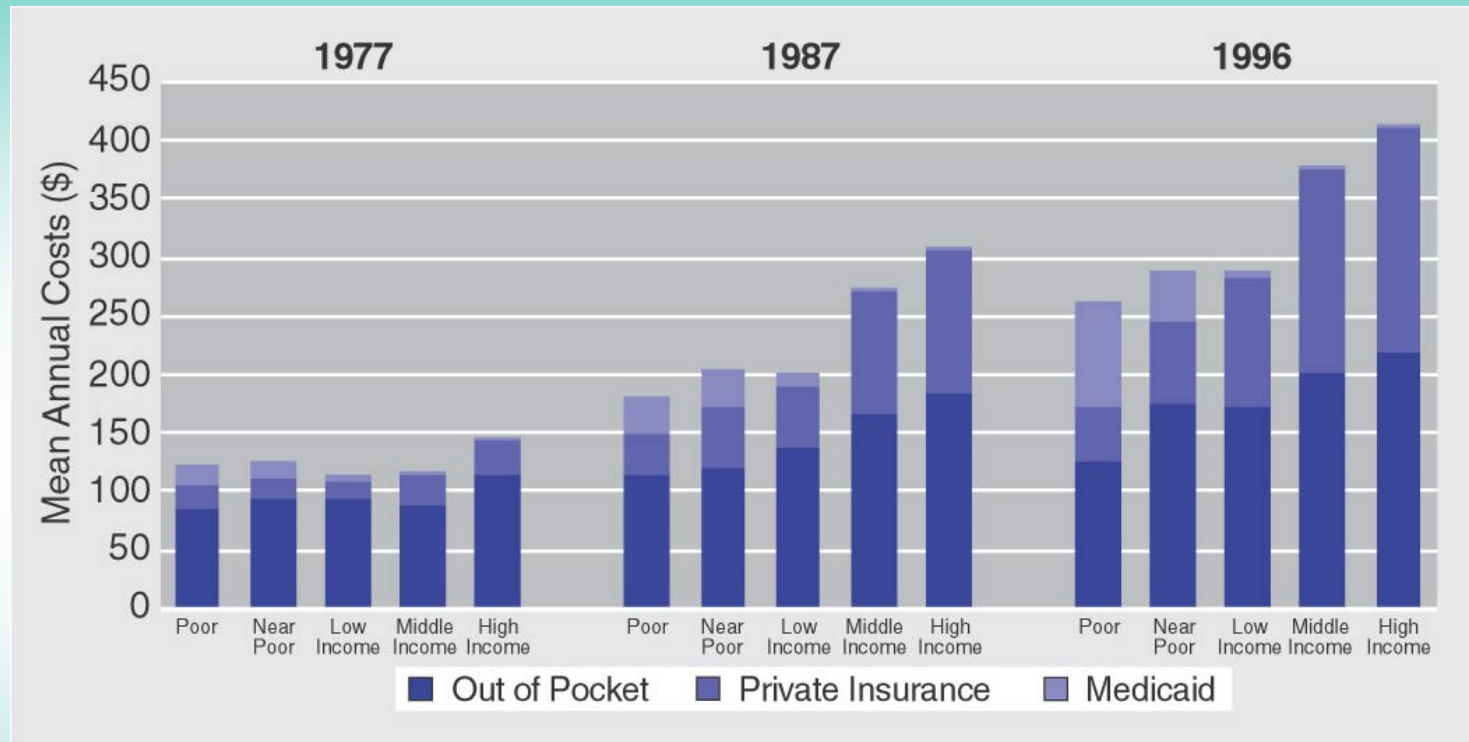
Mean annual dental care expense by race/ethnicity and source of payment, 1977, 1987, and 1996



Note: (1) Mean annual dental expenditure was calculated only among those with dental expenses. (2) The 1977 NMCES and the 1987 NMES reported race/ethnicity as white (including all other race/ethnicity groups not shown), black, and Hispanic. The 1996 MEPS reported race/ethnicity as Hispanic, black-not Hispanic, and other (including non-Hispanic whites). (3) For further definitions, see Table 16.2.2-16.2.4 footnotes.

Sources: Moeller J, Levy H. Dental services: a comparison of use, expenditures, and sources of payment, 1977 and 1987. Rockville, MD: Agency for Healthcare Research and Quality, 1996; AHCPR Pub. No. 96-0005. National Medical Expenditure Survey Research Findings 26; Manski RJ, Moeller JC, Maas WR. Dental Services: use, expenditures and sources of payment, 1987. J Am Dent Assoc 1999; 130(4):500-8. Copyright © 1999 American Dental Association. Adapted 2002 with permission of ADA Publishing, a Division of ADA Business Enterprises, Inc.; and Medical Expenditure Panel Survey Household Component, 1996, Agency for Healthcare Research and Quality.

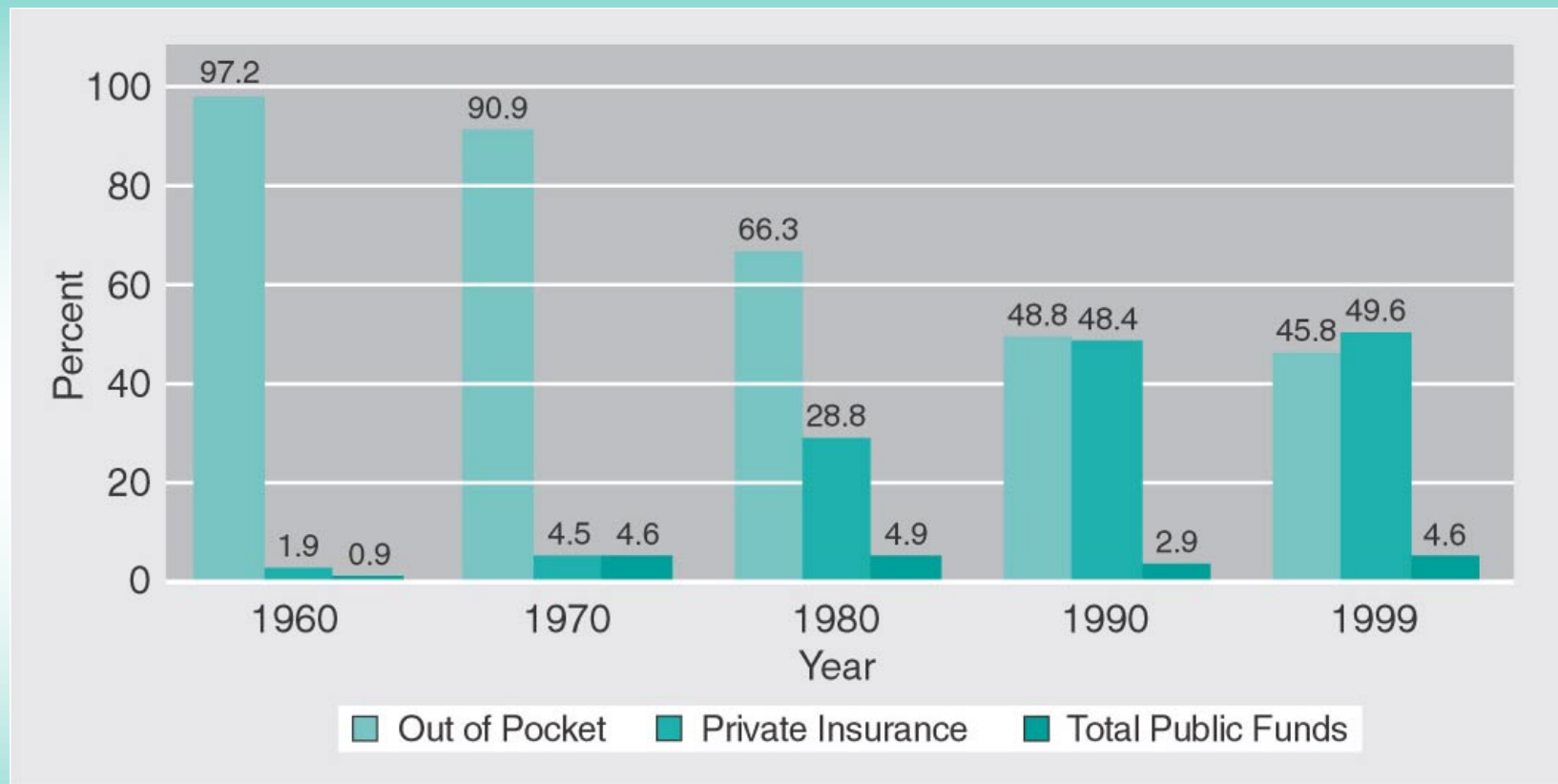
Mean annual dental care expense by source of payment and federal poverty level (FPL), 1977, 1987, and 1996



Notes: (1) Mean annual dental expense was calculated only among those with dental expenses. (2) Poverty level for 1977 and 1987—Poor: incomes below the federal poverty line; near poor: between the federal poverty line and 125% of the federal poverty line; low income: over 125% to 200% of the federal poverty line; middle income: over 200% to 400% of the federal poverty line; and high income: over 400% of the federal poverty line. Poverty levels for 1996—Poor: incomes below the federal poverty line; near-poor: between the federal poverty line and 124% of the federal poverty line; low income: 125% to 199% of the federal poverty line; middle income: 200% to 399% of the federal poverty line; and high income: 400% of the federal poverty line and above. (3) For further definitions, see Table 16.2.2-16.2.4 footnotes.

Sources: Moeller J, Levy H. Dental services: a comparison of use, expenditures, and sources of payment, 1977 and 1987. Rockville, MD: Agency for Healthcare Research and Quality, 1996; AHCPR Pub. No. 96-0005. National Medical Expenditure Survey Research Findings 26; and Medical Expenditure Panel Survey Household Component, 1996, Agency for Healthcare Research and Quality.

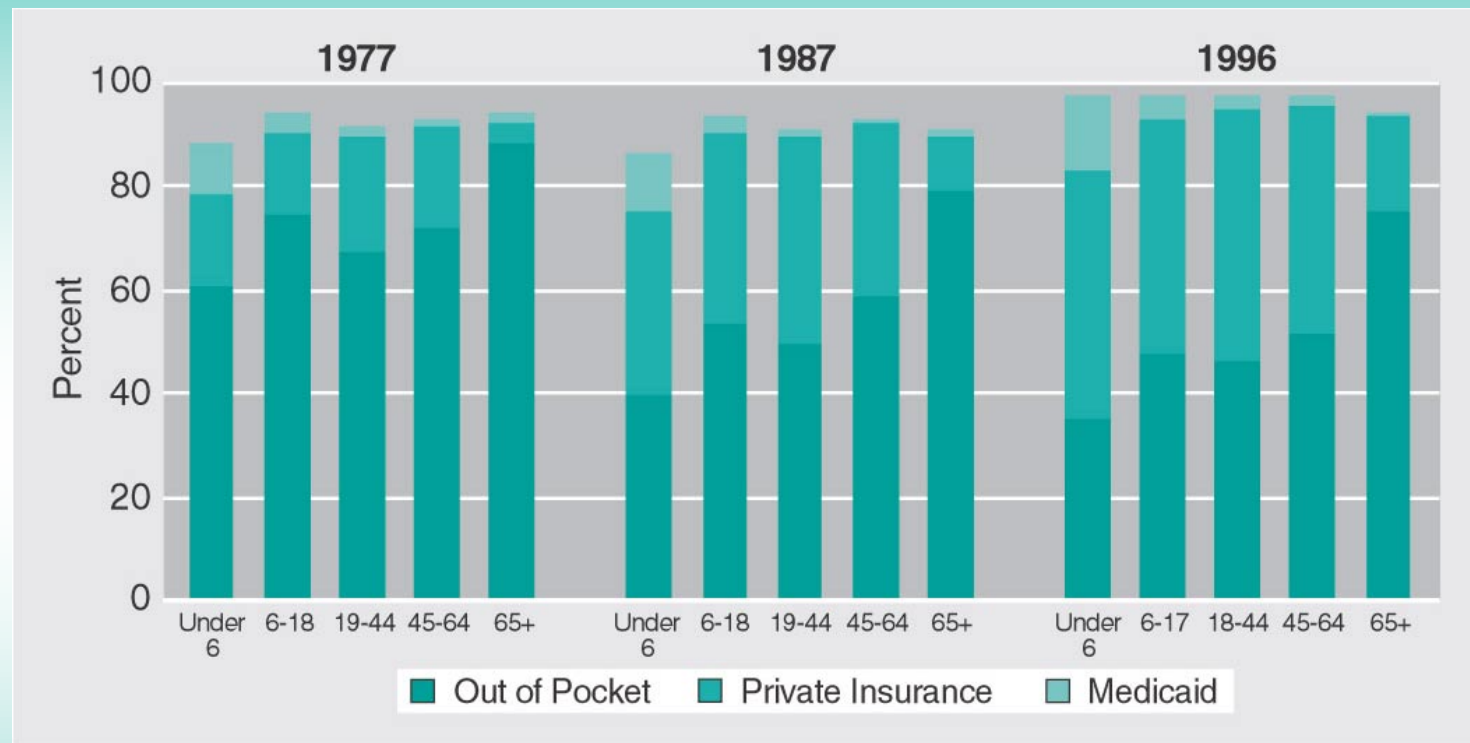
Trends in annual payment for dental services by year and source of payment, 1960-1999



Notes: (1) Dental services include services provided in establishments operated by a doctor of dental medicine (D.M.D.) or doctor of dental surgery (D.D.S.) or doctor of dental science (D.D.Sc.). These establishments are classified as NAICS 6213 Office of Dentists or SIC 802-Office and clinics of dentists. (2) Private insurance includes other private revenues including philanthropy.

Source: Centers for Medicare and Medicaid Services, Office of the Actuary: National Health Statistics Group National Health Accounts.

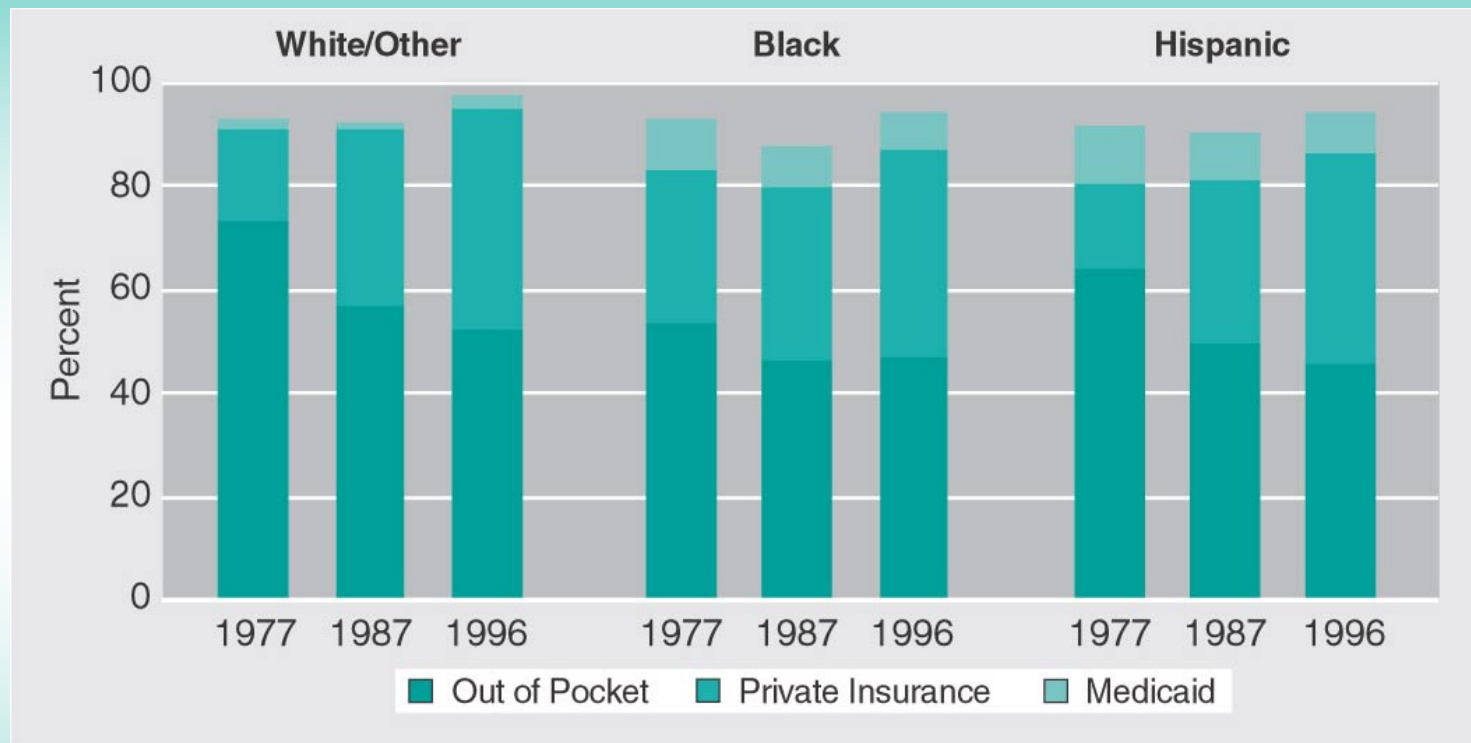
Trends in annual payment for dental services by age and source of payment, 1977, 1987, and 1996



Notes: Expenses from any type of dental care provider are included. Private insurance includes CHAMPUS and CHAMPVA (Armed Forces related coverage) in 1996.

Sources: Moeller J, Levy H. Dental services: comparison of use, expenditures, and sources of payment, 1977 and 1987. Rockville, MD: Agency for Healthcare Research and Quality, 1996; AHCPR Pub. No. 96-0005. National Medical Expenditure Survey Research Findings 26; and Cohen JW, Machlin SR, Zuvekas SH, et al. Health care expenses in the United States, 1996. Rockville, MD: Agency for Healthcare Research and Quality, 2000; MEPS Research Findings 12. AHRQ Pub. No. 01-0009.

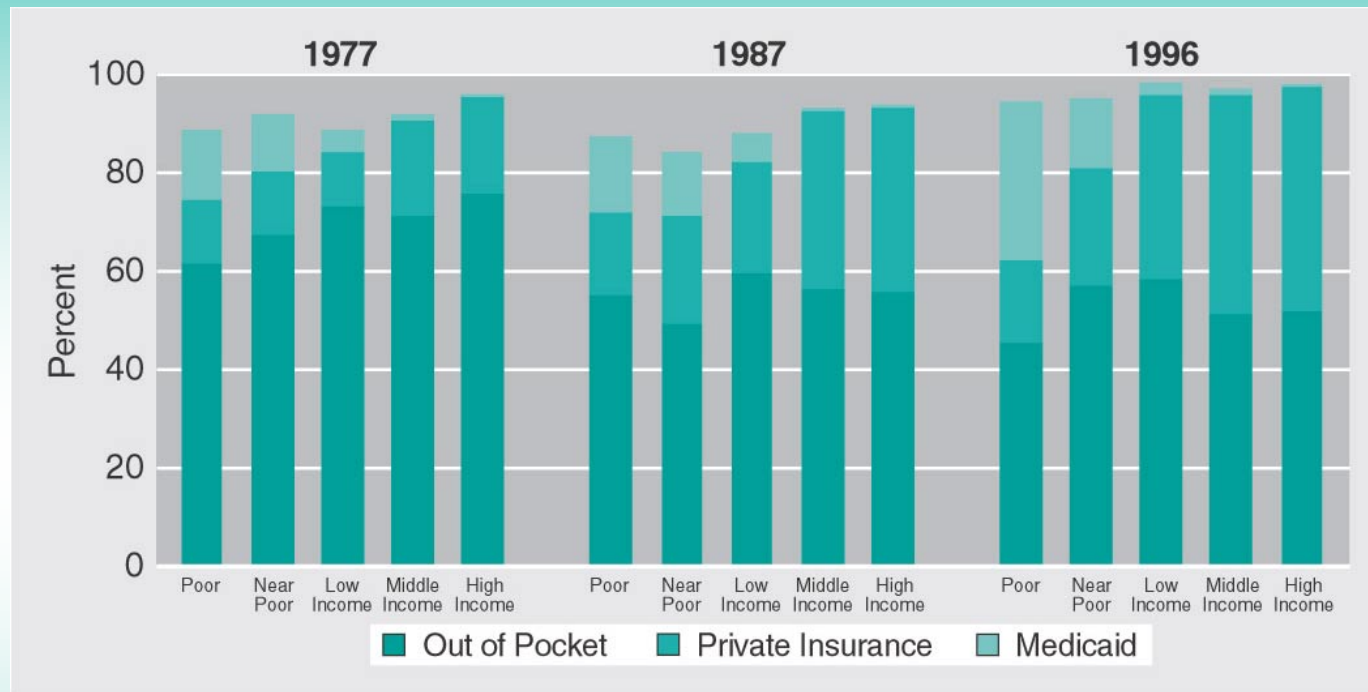
Trends in annual payment for dental services by race/ethnicity and source of payment, 1977, 1987, and 1996



Notes: (1) Expenses from any type of dental care provider are included. (2) Private insurance includes CHAMPUS and CHAMPVA (Armed Forces related coverage) in 1996. (3) 1977 NMCES and 1987 NMES reported race/ethnicity as whites (including all other race/ethnicity groups not shown separately), black, and Hispanic. 1996 MEPS reported race/ethnicity as Hispanic, black-not Hispanic, and other (including non-Hispanic whites).

Sources: Moeller J, Levy H. Dental services: a comparison of use, expenditures, and sources of payment, 1977 and 1987. Rockville, MD: Agency for Healthcare Research and Quality, 1996; AHCPR Pub. No. 96-0005. National Medical Expenditure Survey Research Findings 26; and Cohen JW, Machlin SR, Zuvekas SH, et al. Health care expenses in the United States, 1996. Rockville, MD: Agency for Healthcare Research and Quality, 2000; MEPS Research Findings 12. AHRQ Pub. No. 01-0009.

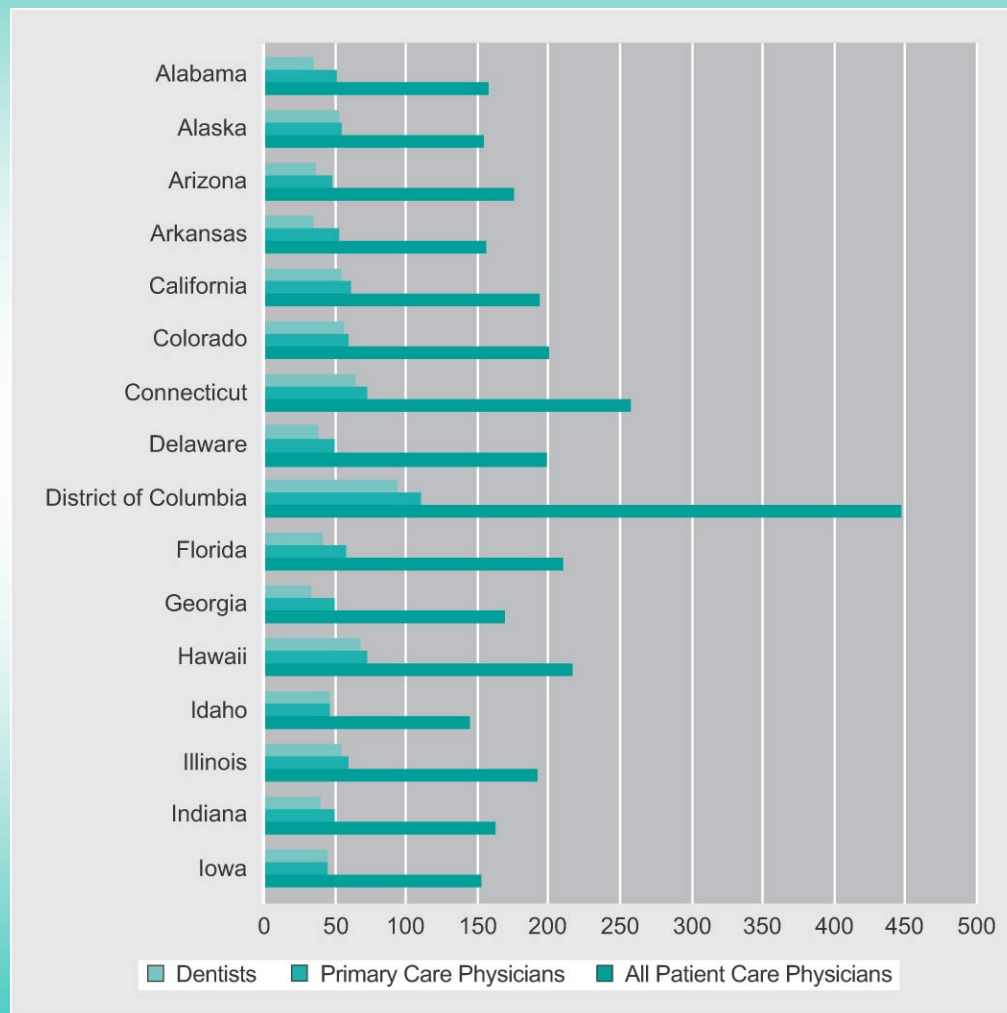
Trends in annual payment for dental services by federal poverty level (FPL) and source of payment, 1977, 1987, and 1996



Notes: (1) Expenses from any type of dental care provider are included. Private insurance includes CHAMPUS and CHAMPVA (Armed Forces related coverage) in 1996. (2) For 1977 and 1987, poor refers to incomes below the federal poverty line; near poor, between the federal poverty line and 125% of the federal poverty line; low income, over 125% to 200% of the federal poverty line; middle income, over 200% to 400% of the federal poverty line; and high income, over 400% of the federal poverty line. For 1996, poor refers to incomes at or below the federal poverty line; near-poor, over the federal poverty line through 125% of the federal poverty line; low income, over 125% through 200% of the federal poverty line; middle income, over 200% to 400% of the federal poverty line; and high income, over 400% of the federal poverty line.

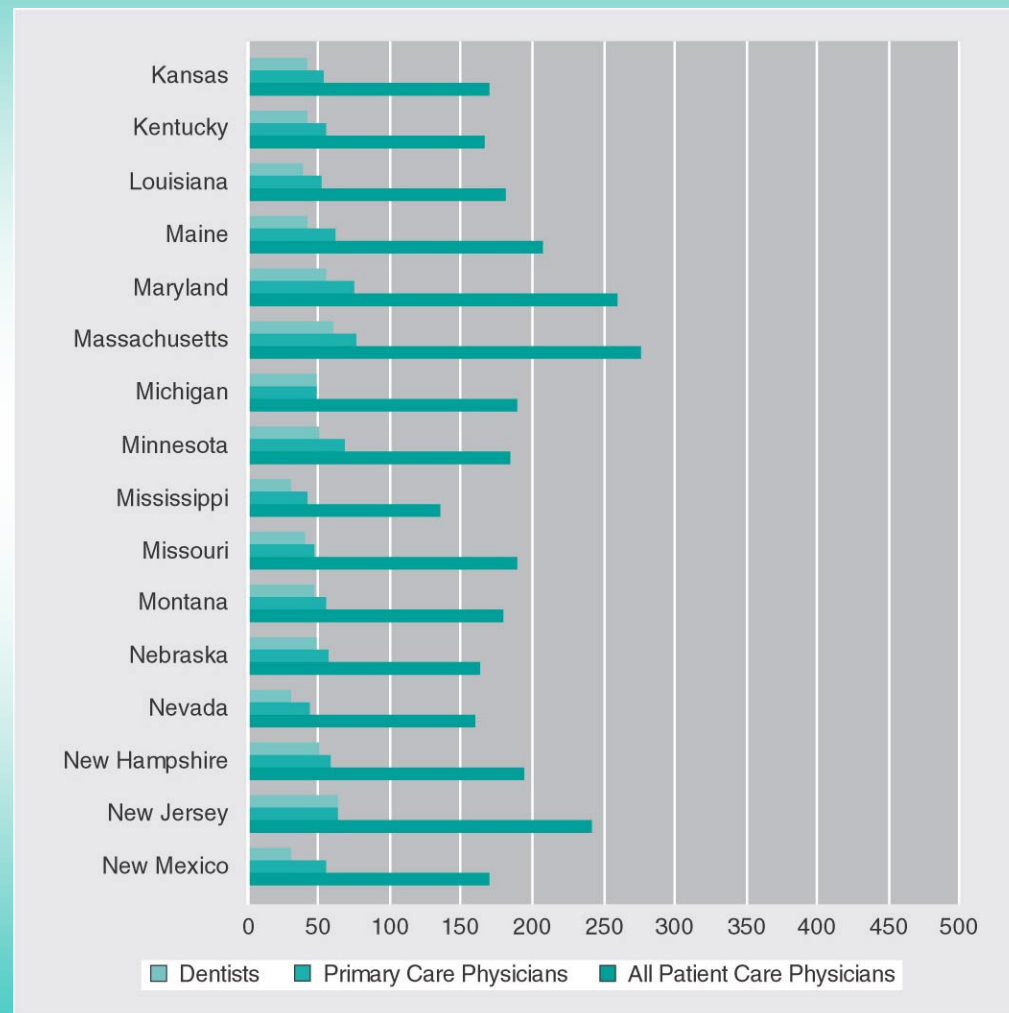
Sources: Moeller J, Levy H. Dental services: a comparison of use, expenditures, and sources of payment, 1977 and 1987. Rockville, Maryland: Agency for Healthcare Research and Quality, 1996; AHCPR Pub. No. 96-0005. National Medical Expenditure Survey Research Findings 26; and Cohen JW, Machlin SR, Zuvekas SH, et al. Health care expenses in the United States, 1996. Rockville, MD: Agency for Healthcare Research and Quality, 2000; MEPS Research Findings 12. AHRQ Pub. No. 01-0009.

Number of dentists and physicians per 100,000 population in 1998 by state

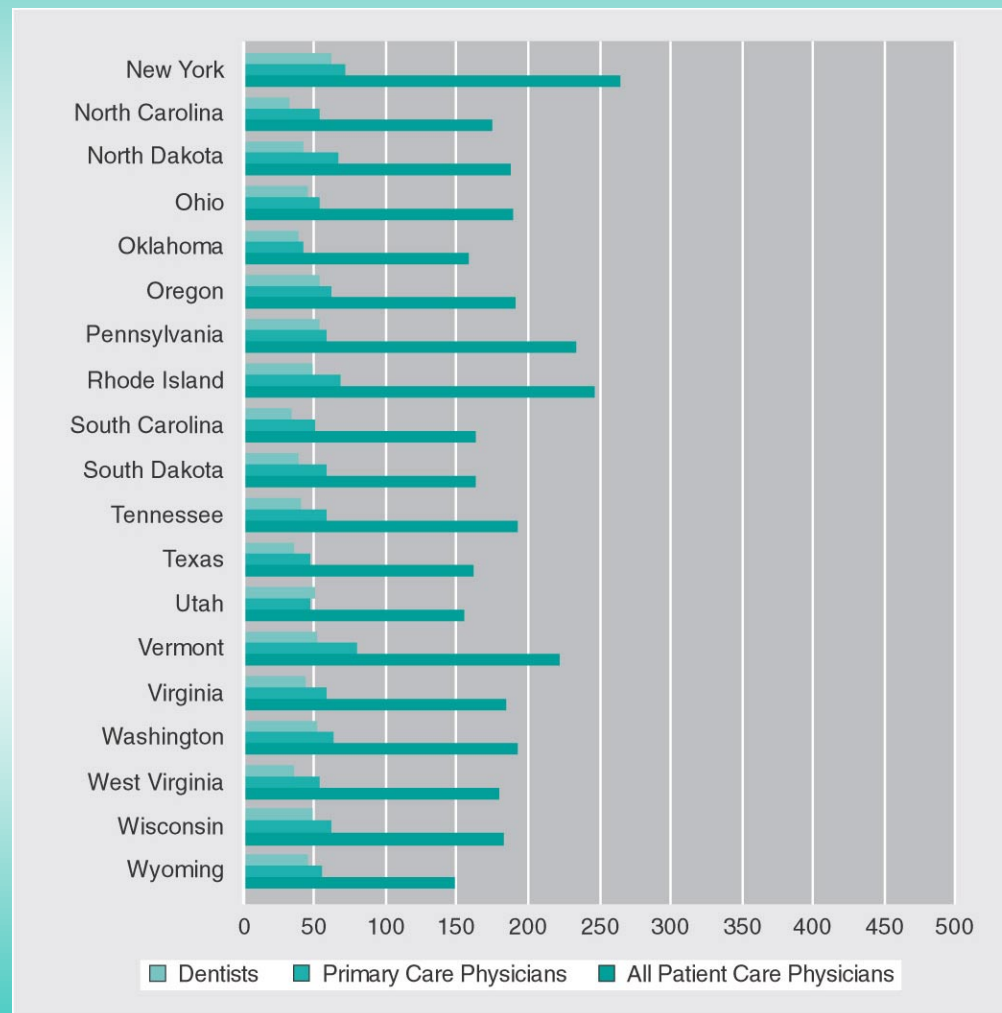


Source: Dill M, Salsberg E, Wing P, et al. HRSA State Health Workforce Profiles. Rockville, Maryland: Bureau of Health Professions, National Center for Health Workforce Information & Analysis, Health Resources and Services Administration, DHHS, 2000.

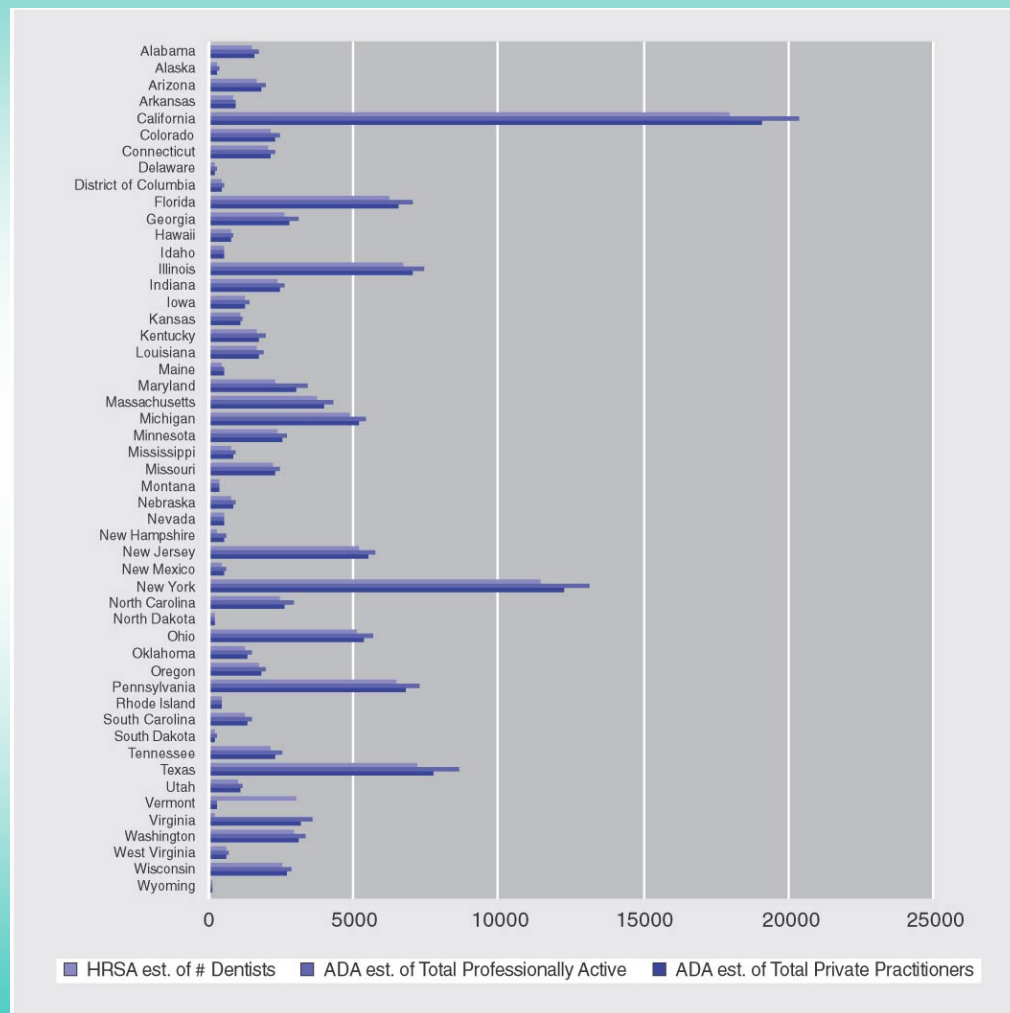
Number of dentists and physicians per 100,000 population in 1998 by state (continued)



Number of dentists and physicians per 100,000 population in 1998 by state (continued)

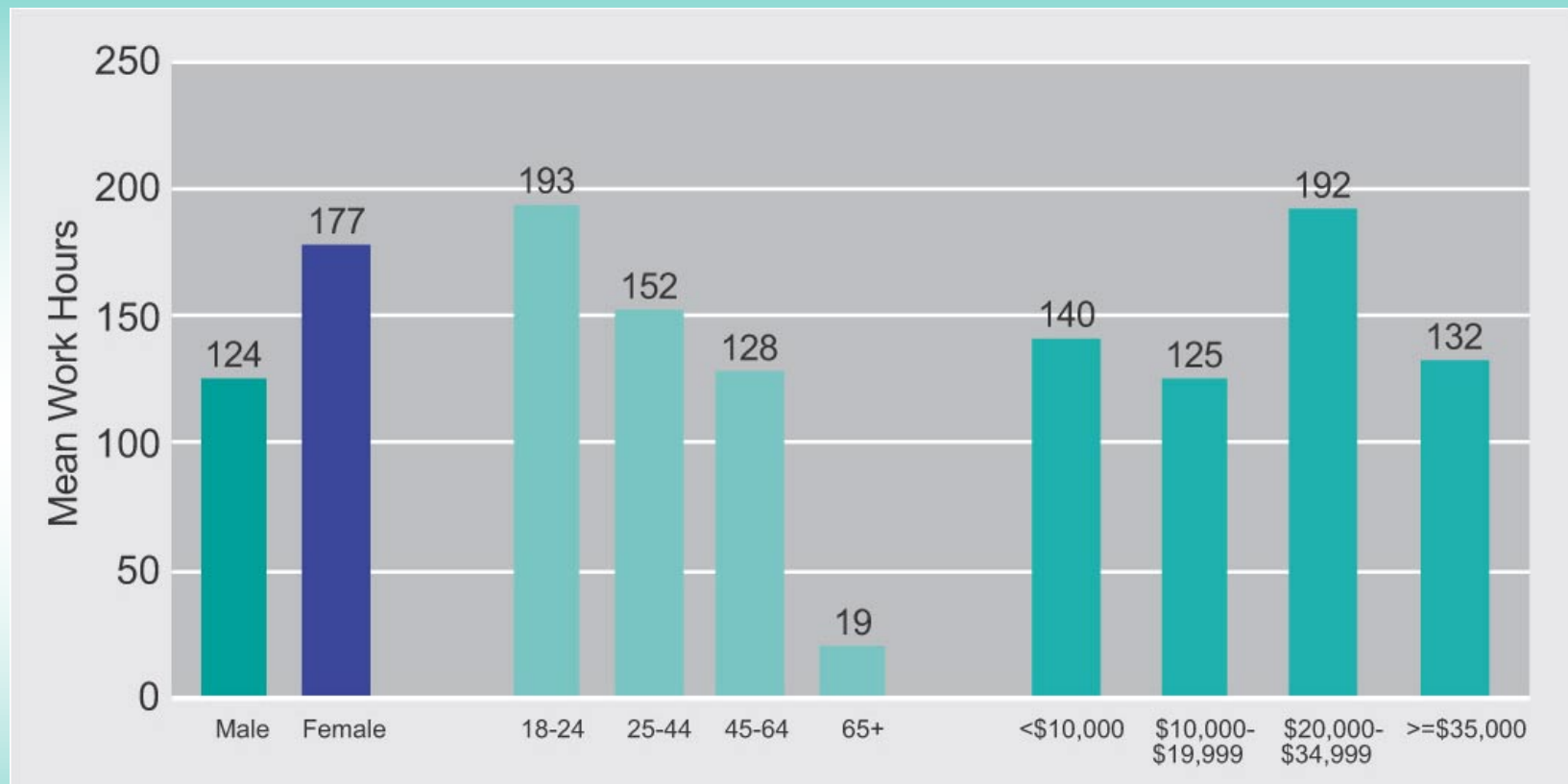


Estimates of numbers of dentists by state



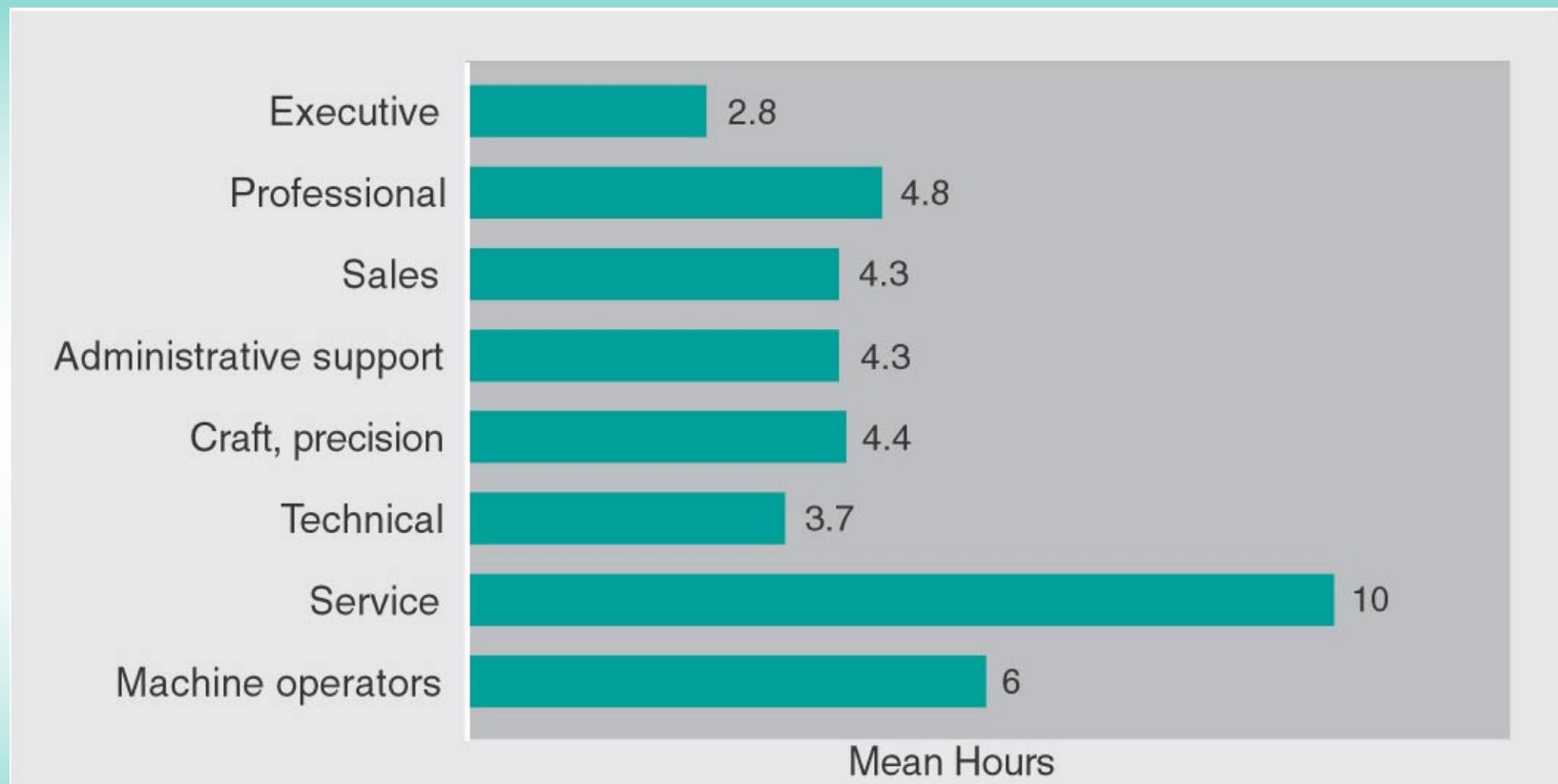
Sources: Dill M, Salsberg E, Wing P, et al. HRSA State Health Workforce Profiles 2000. Rockville, MD: Bureau of Health Professions, National Center for Health Workforce Information & Analysis, Health Resources and Services Administration, DHHS, 2000, and American Dental Association (ADA), Survey Center. Distribution of Dentists in the United States by Region and State, 1998. January, 2000. Materials used with permission of the American Dental Association.

Mean work hours lost due to dental visits or oral health problems per 100 employed persons



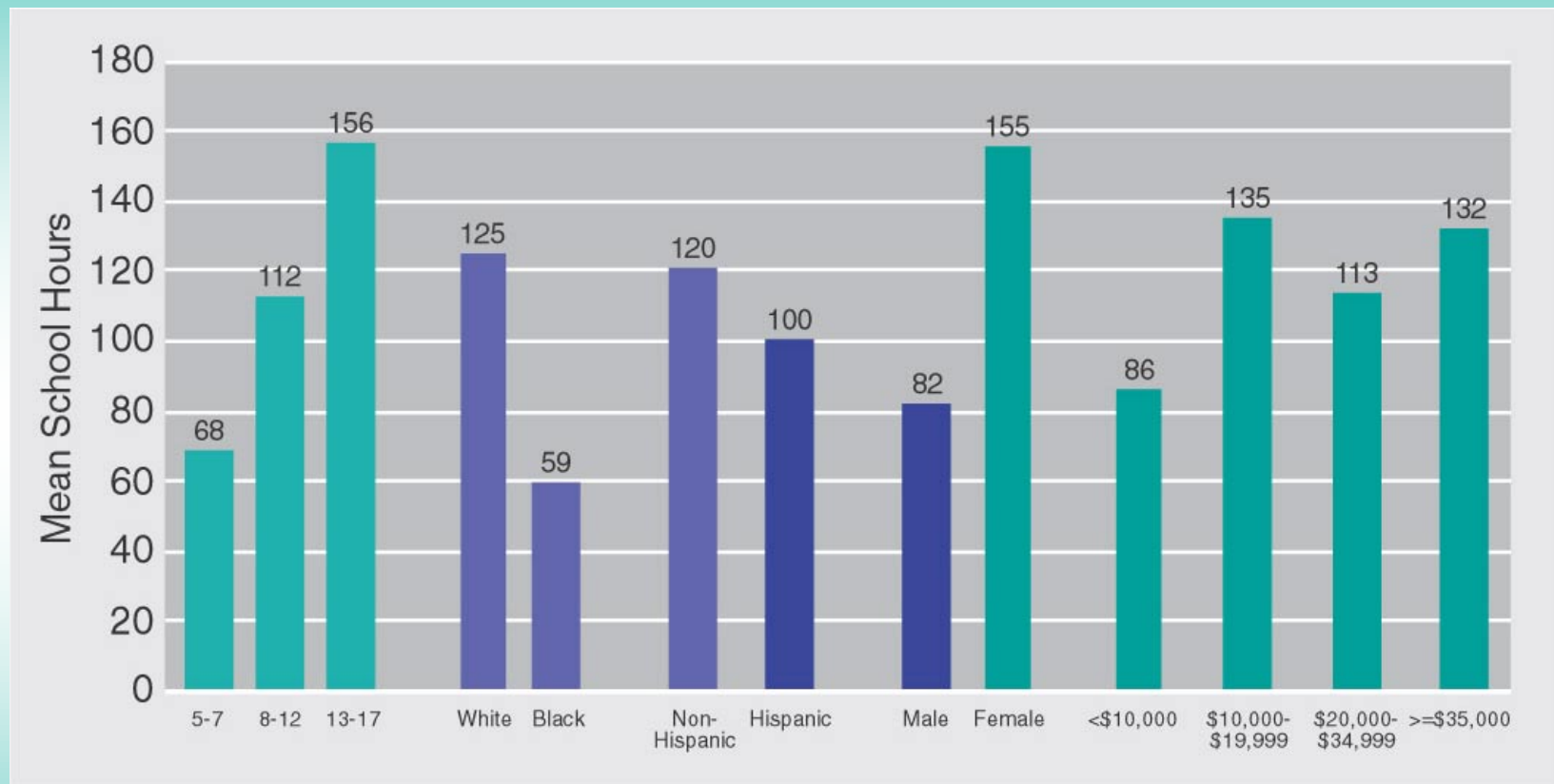
Data source: Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health 1992;82(12):1663-8. Copyright ©1992, by the American Public Health Association.

Mean number of work hours missed by those with missed hours due to a dental visit or oral health problem



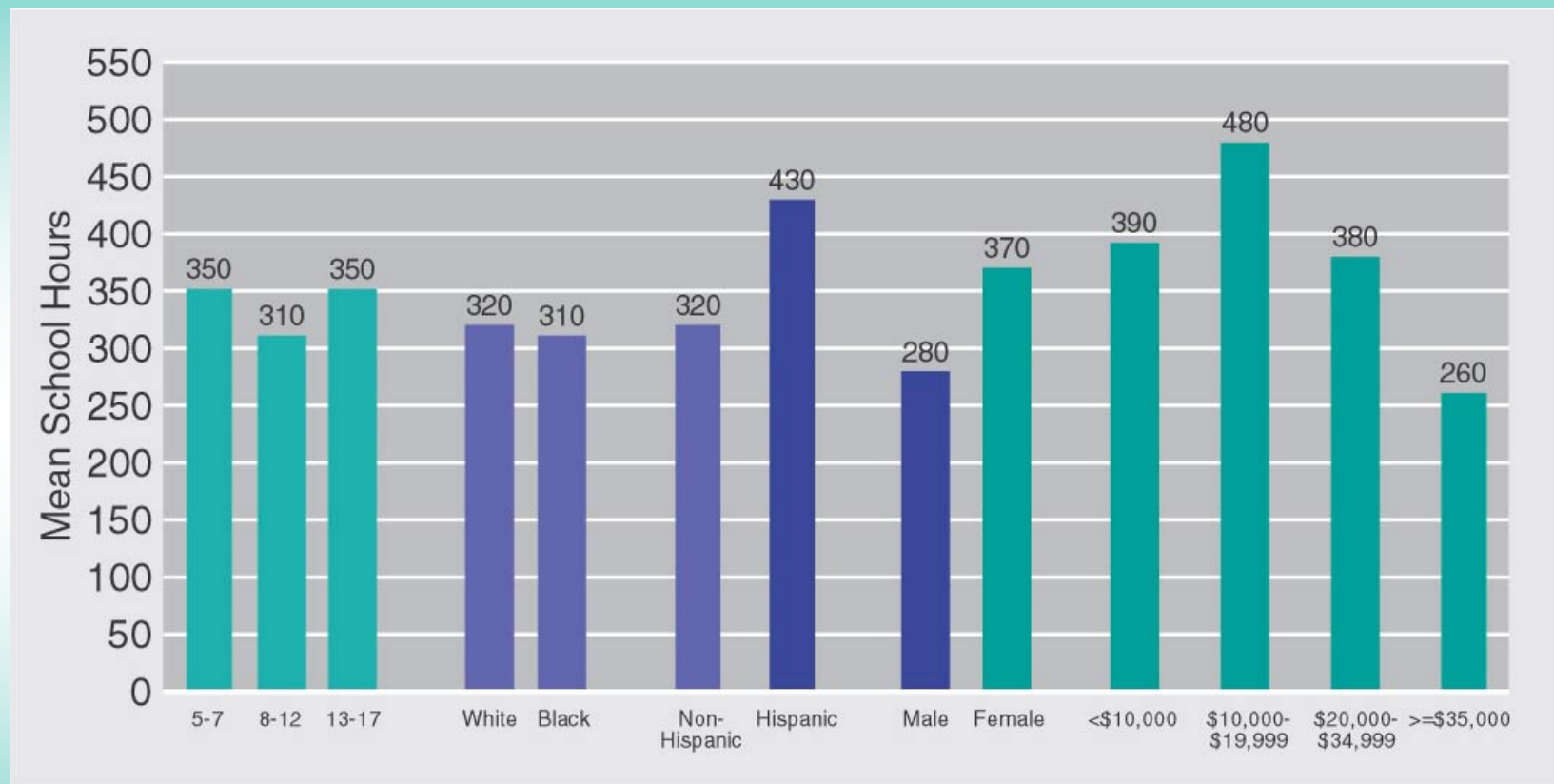
Data source: Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health 1992;82(12):1663-8. Copyright ©1992, by the American Public Health Association.

Mean school hours lost due to a dental visit or oral health problem per 100 school-aged children



Data source: Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health 1992;82(12):1663-8. Copyright ©1992, by the American Public Health Association.

Mean school hours lost due to dental visit or oral health problem per 100 school-aged children among those with missed hours



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